FINAL REPORT

RURAL STUDENT HEALTH COALITION

COMMUNITY OUTREACH V

June 1, 1973 - December 31, 1973

CENTER FOR HEALTH SERVICES
VANDERBILT UNIVERSITY

Nashville, Tennessee

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Rural Student Health Coalition
-East Tennessee-
Summer of 1973

Medical examiners
Susan Carlson
Wanda Gould
Diane Cushman
Nancy Wilson
Keary Palmer
Polly McClanahan
Jeff Brown
Judy Lewis
Ella VanderHorst
Todd Wilkinson
Suki Wilkinson
Sue Colby
Ward Brooks
Duncan McRae
Caroline Gibbes
Nancy Bagwell
Peggy Early
Frank Paccsa
Angela Carroll
Bob Hartmann
Rich Henigan
Rose-Marie Daly

Community workers
Nancy Raybin
Roger DesPrez
Randy Hodges
Roslyn Malkin
Laurie Cunningham
Angela Morrow
Johnny Burris
& 3 Berea College work-study students

Law students
Irwin Venick
Dean Tudor
Don DeRoches
Eve Biskind
Marsha Leiberman
Jane Rudolf

Lawyer
John Kennedy

Physician
Rick Davidson, M.D.

I. INTRODUCTION

In 1973, the Rural Student Health Coalition operated Health Fairs and provided community development assistance in upper East Tennessee and Southwest Virginia. The Coalition worked with local groups in the communities of St. Charles, Norma, Petros, and Stoney Fork. The primary work of the project took place during the summer months. During that time, students brought the Health Fair into a community. At the end of the summer, when the students must return to school, the responsibility for the continuation of the project rests with the local citizens. But the students are not completely absent for the rest of the year. Many of them continue to work with community leaders on specific objectives, making frequent trips back to the mountains on weekends. In many ways the students continue to serve as a resource, willing and able to assist in whatever way the community feels is important. The objective is to develop sufficient interest within the community so that it will organize itself and focus on its needs with a view toward finding long term solutions. The Coalition acts as a catalyst, providing support in terms of manpower and, possibly, dollars. The Coalition also has some measure of "previous experience" upon which it

can draw. Health Fairs travelled to other communities in the same area over the past four summers, and several of those communities were able to establish viable clinics. The Coalition was able to learn from that experience and apply it in other areas.

We hope the reader will gain insight through this report into the unique partnership between students and community. This interrelationship has become the corner-stone of the Coalition's philosophy; and, probably more than any other single element, it has been the secret of the project's success over the past several years. The Coalition does not work through any other public or private agencies; it works directly with the community. Indeed, one of the objectives of the project is to assure that the community will eventually be in a position to deal by itself with the agencies under whose jurisdiction it falls.

The Health Fair is the basis for arousing community spirit and determination. At the Health Fair, students provide free multi-phasic screening for the local residents. They take medical histories, perform physical examinations, do laboratory tests, and provide for immunizations as required. But more than that, the Health Fair serves to

focus attention on a particular issue, health, and it develops the awareness of the community about that issue. "Health" is broadly defined to mean not only freedom from disease, but also the general well-being of an individual: social, political, economic, environmental and psychological. Health care is the basis on which to better all aspects of community life.

Preparations for the Health Fair involve both community people and students. Working together toward the same goal fosters a relationship of mutual trust and respect. Students are integrated into the community so that cultural and educational differences are minimized. The students, however, must remain sensitive to the fact that it is the community which should be making the decisions and determining the direction its programs will take. Really, it is the community which is sponsoring the Health Fair. It is safe to say that no substantive development or change could occur in the community if this feeling of responsibility were missing. As the citizens look more closely at their community problems, the feeling of responsibility grows. The students can help to pinpoint problem areas, gather information on what others have been able to do about the same kinds of problems, and help the citizens to develop

objectives aimed toward the solution of their problems. The community recognizes that the students, after all, will leave; the local citizens will stay. It is their community; it is their opportunity; it is their responsibility.

Measuring the effectiveness and success of this kind of problem is difficult. It must be done on a number of different levels. The following questions can be posed in an effort to determine the effectiveness of the project:

1. Was there long term improvement in the general medical situation as a result of community organization?
2. Has the ability of local citizens to control their environment changed? Did they develop a sense of community? If they had no voice in decisions made by public and private agencies about their problems, do they have an effective voice now?
3. Were there changes in the students as a result of their experience? Has it affected their career goals? Did they become interested in rural or other resource-poor areas? How did this experience affect their attitudes toward

undergraduate, graduate and professional education?

4. Was the experience educational for the students in terms of developing their skills and capabilities?
5. Were jobs created for local people?
6. Was money brought into the community?
7. Has there been a measurable effect on the universities involved to respond to the community's request for resources?

These questions should be kept in mind while reading this report. The success of the project should be measured by qualitative rather than by quantitative factors.

II. DESCRIPTION OF THE COMMUNITIES AND THE NEED

The communities visited by the Health Fair in 1973 were located in Campbell, Morgan, and Scott Counties in upper East Tennessee and in Lee County in Southwest Virginia. The mountainous terrain, with its cultural and demographic effects, and the independent nature of the people there are the most important factors contributing to the isolation and rural nature of these communities. Most of the houses hug the few roads in the area. Often, the only clue that you have entered a community is the fact that the houses are bunched closer together than they were a half-mile back. Other communities are the remains of company-owned towns where identical houses were quickly constructed side by side between the road and the railroad tracks.

As in other areas of Appalachia, these communities have undergone tremendous change over the past several generations. When deep mining flourished, there were jobs. The area, though poor, enjoyed economic stability. Families stayed together and the children never moved far from home to rear their own families.

The people have always been self-sufficient and fiercely independent. They have deep distrust for

outsiders and felt they never really needed them. All the supplies and services that were necessary were somewhere nearby, and even though the terrain was rugged, most people had large gardens to provide for their families.

All of this gradually changed. Two factors contributed significantly to the weakening of the economic and social fabric of the area: 1) changes in land and mineral ownership and 2) the closing of the deep mines. Seemingly unconnected factors, they grew together with time until they affected every aspect of a mountain man's life, including his good health and the quality of his life.

Around the turn of the Century, large corporations began to buy up land; or, without buying the land itself, they would buy only the mineral rights. The people were given what to them was a large sum of cash in exchange for their land or mineral rights, and they were told in both cases that they could still live on the land as though nothing had happened.

The second factor involved the deep mines. New machines put many miners out of work. Mechanization

certainly was not unique to mining; other areas of the South and the nation were becoming industrialized. But the effects were more dramatic in the South. At this point, the agricultural, mining and textile businesses of the South were being mechanized, but new manufacturing businesses were springing up in the North, not in the South. So, as the men were laid off from the mines, there were no other jobs for them in the area, and they moved north to Cincinnati, Cleveland, Chicago and Detroit, adding to the problems there. It was usually the young people and their families who left. And they never came back. They reared their families elsewhere; they were not nearby to care for their elderly parents as had been the tradition in the past. Steady emigration sapped the life blood out of the hills.

But the demand for coal was escalating and, at the same time, the public outcry against the unsafe conditions in the mines intensified. Complying with safety standards was expensive, and the price per ton of coal rose accordingly. But there was a cheaper way to mine the coal: strip mining. The selling of land and mineral rights at the turn of the century suddenly took on new meaning and

importance in the everyday lives of the mountain people. The effects of stripping are complex, but basically, these things happened:

1. People whose ancestors had sold the land were told to move.
2. People who no longer owned their mineral rights found huge bulldozers on their property, ripping up pastureland and timerland and gardens to get at the coal. Even though a man owned his land, he lost control of it.
3. Landslides caused by the mining threatened their homes and destroyed more land.
4. Because of the loss of topsoil and vegetation the land could not hold water, and serious flooding occured with each rainstorm.
5. Streams, wells, and springs were damaged by acid and mineral seepage and by heavy silting.
6. Deep mines closed because they could not compete with cheaper, stripped coal. More miners lost their jobs.

Economically, strip mining is highly profitable to the owners, but none of the profits remain in the area; they flow elsewhere, to New York and other far away places. In

a five county area (Campbell, Morgan, Scott, Anderson and Claiborne) which supplies 80 percent of Tennessee's coal, 75 percent of the land is owned by outside landholding companies. Eighty-five percent of the coal wealth is controlled by fewer than 10 owners. Though rich in coal and timber reserves, the people in these few counties are among the poorest in the nation with a per capita income of less than half the national average.

The mountain man and his family were no longer self-sufficient. The economy was no longer stable. Powerful outside interests could control his environment. If the coal company wouldn't give up some of his land to put a manufacturing plant on it, there would be no new industry. Because these outside interests successfully avoided paying taxes on the mineral wealth, no tax money was returned to the county, so the county could not pay for needed services.

The quality and viability of the mountain man's life eroded along with the soil. And the agencies charged with bringing help to the area also became locked in political decision-making. Most of the money for projects went to "growth centers," like the county seat and larger towns,

thus leaving out the rural areas.

Not just economically, but also politically, the areas have been powerless. Only part of each county is in the mountainous, rural, coal region, and county governments are effectively controlled by more concentrated, more powerful, town dwellers.

So the scene is set. Factors leading to the problems are complex; solutions are difficult. Citizens have little control over the resources which should bring them relief. The Coalition's purpose is to stimulate the community so that it will eventually have a say in the development of alternative solutions and in the establishment of priorities.

Health is one of the key issues. It is a basic need. Without good health people cannot tackle the other problems. It is also the issue which offers the least resistance. Few will argue against the right of everyone to good health. As the community becomes involved with its health services problems, it finds that the political, economic, environmental issues are all intertwined. You cannot pay for health care if you do not have a job and

there are not enough jobs to go around. There will be no medical services programs if there are no tax dollars to support them. It does no good to learn about nutritious meal planning if you cannot afford to buy what is required and if your garden is flooded several times each year because of excessive siltation caused by strip mining.

Stoney Fork, Tennessee

Stoney Fork is in an isolated section in the southwest corner of Campbell County. Stoney Fork is approachable from three ways, all over unpaved gravel roads. The road from the north comes in from Norma in Scott County, and at one point crosses a stream which, with any significant rainfall, makes this road impassable. The road from the southwest is a long bumpy one which connects with state Rt. 116 midway between Briceville and Petros. The shortest route, the one from the northeast, goes over Caryville Mountain and its 18 switchbacks. Needless to say, weather interferes with this route numerous times.

Stoney Fork, and the adjacent communities of Shea, Beech Fork and PeeWee Camp were at one time in the heart of the coalfields. Including neighboring Clinchmore, the population was about 3000. With the decline of deep mining

many were forced to move. Then in the spring of 1964 during heavy rains, a flood decimated Clinchmore and killed six people and forced many more to move. Folks have speculated much about the cause of the flooding and most theories implicate the effects of strip mining on the surrounding mountains. The number of students in the old Stoney Fork school has decreased from 300 ten years ago to 80 presently. Most of the people live in old houses or trailers on the one road through Stoney Fork. There are two small stores still open and several churches up and down the road.

The churches are the center of attention for many of the activities of the community as there are numerous services and prayer meetings. Once each year, usually in early summer, there is a chuch homecoming where all persons who have ever attended there come together for a day of services, singing, and home cooked meals. The number of out-of-state people at these gatherings is impressive.

The folks in Stoney Fork do a variety of things for a living. Some work across the mountain in Caryville or LaFollette. Others drive trucks or farm for a living. Some get welfare or blacklung benefits. According to

the 1971 statistics, Stoney Fork has a 26% unemployment rate and a 70% underemployment rate, and things are getting worse.

Petros, Tennessee

Petros is a small community of 1400 on the eastern border of Morgan county. Petros was just a tiny place until the State of Tennessee decided in 1896 to open a maximum security prison there and to have the prisoners mine coal in Brushy Mountain. The community began to expand and continued growing when the railroad put a new line through Petros. During the first half of the century Petros was ■ fine place with stores, banks, churches, deep mining, and the prison. Then slowly things fell apart. First the deep mining disintegrated as stripping came in. The roads began to deteriorate and the creeks to fill with silt. Some real animosities emerged between Petros and the county seat, Wartburg. The county officials had always seen Petros as the "bad end of the county". The local folks say they have never gotten their fair share of road and school money and that they have never gotten fair representation.

In mid 1972 a devastating blow hit Petros. The 180 prison guards tried to form a union, the governor of Tennessee disagreed, and then crushed their efforts by suddenly closing the prison and moving the prisoners to Nashville. Legal battles followed but the prison remained closed, and the men remained out of work.

Petros sits on Rt. 116 just off of Rt. 62. The houses are spread out on hills all along the road and back down several hollows. The school is run down and in need of repairs which aren't made because of the promised new school, construction of which was to have begun several years ago. There is a small post office and several stores near the railroad tracks which have not been used in four years. At one end of town tucked up against the mountains sits the white walls of Brushy Mountain State Prison; but with no prisoners, no guards, and no jobs.

Norma, Tennessee

Norma (pronounced Normi) is in the southern part of Scott County, Tennessee. Norma was at one time a prosperous community with a great deal of coal mining and timbering. Norma used to have a large lumber mill, several large company stores, ■ clothes pin factory, a high school

and a full-time doctor. The lumber company has closed, and one brick wall of the mill remains standing as a reminder of the old days. One company store has the town post office in the front corner, the other company store is now the elementary school. The high school was moved to Huntsville three years ago, and the doctor was robbed and murdered four years ago.

Norma is now one paved road down a narrow valley with many folks back in the hollows. The New River muddily flows past the fields. There are several churches, one store, and a large coal tipple where the strip miner's coal is loaded onto railroad cars for the trip north.

Norma still remains as the center of several other surrounding communities -- Fairview, Straight Fork, Mill Branch, Montgomery, and Smokey Junction. Each town runs into each other on the same main road. This brings the immediate area population to slightly more than one thousand.

Economically, as well as spiritually, Norma has suffered from the tendency towards consolidation and urbanization. All the jobs, opportunities, almost everything, has moved to the city, in this case Oneida.

It seems that most of the people in Norma and surrounding communities are either retired, work in Oneida, or do not work. Some work at logging, a few on the railroad, and maybe three or four work on the few stripping jobs or in one of the small deep mines.

The people of Norma were used to their own town family doctor until four years ago. They now have to go to Oneida (30 miles away) and try to see the five doctors there who must serve the entire county and much of the surrounding areas.

St. Charles, Virginia

St. Charles is a small incorporated rural coal mining community of approximately 370 people in the upper part of Lee County, Virginia. Several hollows branch out from the town itself with a total population of 2500.

One must drive through Powell Valley from Cumberland Gap to reach St. Charles. The narrow road through Powell Valley winds between the mountains and the fertile, green, rolling farmland. St. Charles is the antithesis. St. Charles is what is left of a traditional company-built coal mining town. The few stores which remain in the "business district" are located in old, rat-infested, and fire hazardous buildings on a street wide enough for

one and one-half cars. The railroad tracks run throughout the community and people's homes are literally "on the tracks." The homes are mostly old one-story frame houses which are very similar to each other and in need of major repair. The folks have spent varying amounts of money on their homes depending on their income, taste, and priorities. Thus, it is not unusual to find a small home without indoor plumbing and without major appliances and conveniences a few feet away from a larger comfortable home complete with plumbing, large color tv sets, panelled walls, and all of the latest conveniences.

The men who can work, do work. They are employed by some of the local mines and railroad companies. The UMW has organized four locals which meet in the UMW Hall in town on alternating Saturday mornings. Many of those who are unemployed are disabled, and they spend their days sitting under the sycamore tree in town swapping stories and drinking beer. The women are mainly housewives and any activity outside the home is usually connected with one of the several churches in town.

The closest doctors are eight miles away in Pennington Gap. There are four doctors there and three of them operate a private clinic and hospital. One of these

doctors is old and sees few patients. These doctors are always busy as they must serve the population of Pennington (4000) as well as neighboring communities including St. Charles. The people of St. Charles who need medical attention can not be adequately served by the Pennington doctors because of the distance, the relative expense, and the long waits. People who are accustomed to waiting all day in a doctor's office (only to be told that they must return the following day) are discouraged and tend to refrain from calling on a doctor in the future.

III. PREPARATION DURING THE SCHOOL YEAR

A. Choosing Communities

Preparations for the summer programs are complex and time consuming and require the careful attention of many students. The work is a continuum, for as the Health Fairs end in late August the plans for the following summer are being formulated. Supplies must be ordered and contacts must be made with communities and public and private medical providers. Students must be recruited and trained, and grants to various public and private foundations must be written.

One of the most difficult tasks is to decide which communities should be visited during the summer. The SHC does not bring a Health Fair to a community without specific invitation from a group of local citizens. (This group is never exclusively composed of the local elected officials or businessmen, but it is a cross-section of the community. However, we do not passively wait in Nashville until we receive an invitation.) The student director makes many visits to communities during the year so that we can more accurately inform the communities about the SHC, Health Fairs and the students themselves. These discussions and information from communities which have had Health Fairs in the past allow the groups to decide whether or not they wish to sponsor a Health Fair. It is made clear from the beginning that the sponsoring groups would assume the dominant role in the decision making process. The community would have to assume certain responsibilities and act as a resource for various necessary preparations in advance of the Health Fair. As the preparations advanced, the SHC selected Norma and St. Charles as new communities as well as returning to Stoney Fork and Petros.

Last August (1972) shortly after its formation,* the StoneyFork Health Council invited the SHC to return for a Health Fair in the summer of 1973. The Council had initiated an emergency transportation system and was making initial plans for asking TVA to provide a mobile clinic for the area. It was felt that the community and the Council were at a stage where another Health Fair would provide a "shot in the arm", and stimulate more interest in solving health problems. It was felt that this impetus would give the Council enough support to assure them that a clinic would be established. From this point on, preparations were not difficult because the community folks knew us from the previous summer and were glad to have students stay in their homes, to cook meals and to work with the Health Fair.

The Petros Health Council was formed shortly after the Health Fair in 1972. One of the first things that the Council did was to ask the SHC to return for ■ Health Fair in 1973. At this time the Council was trying to raise money and was making initial plans for construction of a clinic building. The response in 1972 has been so overwhelming that we decided to go to Petros for one

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*See description of StoneyFork

more summer. This was to show continued support for the Health Council, and to provide them with more local support with which to face some opponents in the county seat. These persons considered Petros the "rough end" of the county and the Petrosians felt that the county seat had never given them their fair share of county services. The Health Council was providing a strong local group which would show others that people at that end of the county were sincerely interested in solving their own problems.

Norma is in Scott County, Tennessee, a county which is one of the leading coal producers in the state and one to which the SHC had not been previously. Several persons in the community had heard of Health Fairs from persons in Stoney Fork and expressed an interest to persons in the area. On this lead, the SHC students went to visit several individuals in Norma, and some of the smaller surrounding communities. They were all very interested, and at this time we decided to hold a Health Fair there. Up to this point there had been no large community meeting and only basic groundwork was being laid. This made the community workers' jobs more difficult at the outset because they had to disseminate information widely.

Shortly after the community workers arrived, a community meeting was held and Kate Bradley (from Petros) and Bob Hartmann explained to a large number of persons about the Health Fair.

Out initial adventure into Virginia came about through ■ variety of community contacts. In February Dr. Bill Dow met with Anne Leibig and Rich Henighan in Appalachia, Virginia. Anne is a community worker with the Appalachia Community Development Corp. and Rich is a student nurse at the Harlan Nursing School. They said that they felt a number of residents of a small neighboring town, Keokee, would be interested in pursuing the possibilities of having a Health Fair. We went to Appalachia a few weeks later and met with Anne and Rich, and set up ■ meeting with some folks from Keokee. This took place about three weeks later, and the Keokeeans were interested and said that they would discuss the matter further. Also, a group of ladies from Exeter were excited about the Health Fair. The Keokee groups lost their enthusiasm for some reason (probably lack of local Lions Club support) and the Exeter people had no school or building large enough to house a Health Fair. These people then went to St. Charles (15 miles down the road) and talked about the SHC. The people from St. Charles then asked us to come and

meet with them. We did so (in late May) and decided to have a Fair in late June and early July. A community representative and members of the SHC then discussed plans with the school principal, the school board, and the Public Health Department. Our community worker, Nancy Raybin, came into the area around June 1, and she continued to work on these aspects. Meanwhile we were having no success finding a physician licensed in Virginia. We contacted the University of Virginia Medical School, Medical College of Virginia, Public Health Department, UMW Welfare and Retirement Fund, Appalachia Regional Hospital, National Health Service Corps, and local physicians all with no success. Finally, three local M.D.'s said that they would provide coverage for our doctors and sign all legal forms.

St. Charles was at one time a large mining community which had its own physician. As the coal business declined, the physician moved away. Presently the 2,500 people in this and the immediately surrounding communities must see the doctors in Pennington Gap (eight miles) or Harlan, Ky. (25 miles). The main problem with this is that the dense population of Pennington Gap and Harlan utilize their facilities and personnel to the maximum, and the

and the people of St. Charles have a difficult time fitting into "the system".

The enthusiasm of the people was such that all of us felt a Health Fair would offer them a good and needed medical service along with an opportunity to channel community resources into long term benefits. We had uneasy feelings about going to another state for the first time and especially about heading so far away from Vanderbilt (six hours by car). In weighing these disadvantages against the needs and enthusiasm of the community people, St. Charles won easily.

B. Tennessee Valley Authority

The Tennessee Valley Authority is a particularly important component of the Health Fairs. TVA provides the Mobile Medical Van for six weeks of the summer and most of the lab work for the entire summer. This has been the arrangement now for several years and hopefully will continue for many more. In November of 1972, Dr. Tom John and Bob Hartmann met with Dr. James L. Craig, Medical Director of TVA, in Chattanooga to discuss results of the previous Health Fairs and to make plans for the upcoming summer. At this time Dr. Craig assured us that the SHC would have the use of the van and lab facilities

for the summer. The details of the plans were worked out with Dr. Ed Lusk, Director of Community Relations, and Mr. James Pulliam, Supervisor of the Mobile Medical Unit. During the late spring, Dr. Lusk and Mr. Pulliam visited the communities to which Health Fairs were going, and met with school principals and utility officials to make arrangements for the hook-up of the van. Mr. Pulliam ordered large quantities of supplies through his offices, and we reimbursed TVA at the end of the summer. These were mainly supplies having to do with the laboratory tests (eg, EKG, chest x-ray, blood work, etc.).

C. Drugs, Public Health Department and Local Doctors

Pharmaceutical companies throughout the U.S. were contacted via mail by Todd Wilkinson, second year medical student. The response was excellent, as about twenty-five drug companies contributed. The most valuable drugs for the Health Fair were antibiotics and antiparasitic drugs. Arrangements were made to give left over drugs to the various community clinics, such as Stoney Fork, Briceville, and Petros provided they did not sell the drugs but gave them free to patients as needed.

The Health Departments in each county were contacted and informed of the coming Health Fairs. In Tennessee, this was easy for two reasons: 1) most of the counties were familiar with previous Health Fairs, 2) one Public Health Officer serves all three counties. In Virginia, we were unknown, and the Health Officer there was initially unwilling to work with us saying that our work would be "repetitious." However, the local Public Health nurse in the St. Charles area was very excited about the Health Fair and was helpful throughout our stay.

During our preparations we were never able to inform enough of the local doctors of the upcoming Health Fair. This had been done the previous summer by Dr. Tom John and Bob Hartmann, and many doctors still remembered much about the Health Fairs from these meetings. In Pennington Gap, Va., and St. Charles, we visited with four of the five doctors prior to the Health Fair. In Oneida, we saw very few of the local doctors.

Agencies which provided potential follow-up services such as University of Tennessee Cardiology Clinic, East Tennessee Chest Disease Hospital, Daniel Arthur Rehabilitation Center and Harlan Appalachian Regional Hospital were contacted by phone, mail or in person and told of

impending Health Fairs.

The Tennessee Public Health Department helped the Health Fairs in several ways where our work fit into a few of their ongoing programs. The state laboratory in Nashville did all of the VDRL's (routine for adults) and stools for parasites (where indicated for children). The local county health department provided the Health Fairs with immunization materials for tetanus, diptheria, pertussas, measles, and polio, and PPD for tuberculin skin tests. The local group also provided piperazine, an antiparasitic medication. To maintain a steady supply of these drugs was rather difficult. The Department of Maternal Health of the TPHD read the premenopausal Pap Smears. All of the preparations were made during the spring prior to the beginning of the Health Fairs.

D. Orientation

Orientation was held at Norris Dam State Park from June 2 - June 4. These three days provided the students with an opportunity to become better acquainted with each other, to gain a broader understanding of the entire project (beyond the scope of their particular disciplines) to meet some community people and groups with whom they would be working, and to obtain last minute instructions and materials concerning their specific jobs.

We also met with individuals from public and private agencies with whom we would be working or making referrals this summer. These guests included Dr. Ed Lusk from TVA Health Services, Larry Baker from the Tennessee Public Health Department, Dr. Freeman from the Oak Ridge Regional Mental Health Center, and Heleny Cook and Jane Sampson from Save Our Cumberland Mountains. As we began to anticipate with much apprehension the huge task ahead of us, these guests reassured us of the SHC's past success and their confidence in continued success.

Unfortunately, this was to be the only time when the entire group would be together. Many of the students met together at various intervals throughout the summer during the weekends, but the focus of those gatherings was primarily for rest and relaxation. Hopefully, in the coming year we can plan "business meetings" when the various students of the project can meet to talk about the project and their work so that communication channels can be as open and effective as possible.

IV. STAFF

The Rural Student Health Coalition is a unique student organization because it must maintain an interdisciplinary nature both on campus and in the mountains for it to function

RURAL STUDENT HEALTH COALITION
-EAST TENNESSEE 1973-

Orientation Schedule- Norris Dam State Park

SATURDAY- June 2

Evening-- Register
Pick up manuals at Hartmann's cabin
Med Medical workers- meet to talk about blood and EKG

SUNDAY- June 3

a.m.-- Medical-- meet to go over records, charts, etc. in Hartmann's cabin
10:00
Law and Community- field trip with Irwin Venick
Food*

p.m.-- 1:00 Tom John
Irwin — Organization of Student Health Coalition
Hartmann
Wanda
3:00 Dr. Freeman- Oak Ridge Regional Mental Health Center
Food*
8:00 Dr. Bill Dow- Center for Health Services

MONDAY-- June 4

9:00 am Byrd Duncan, president Briceville People's Health Council

10:00 am Dr. Ed Lusk, TVA Health Services

10:30 am Larry Baker, Public Health Dept.

Food*

1:00 pm Helemy Cook
Jane Sampson
John WMs.
John Kennedy

2:30 pm Kate Bradley, Petros Health Council

4:00 pm at Byrd Duncan's house-- Bee Tree cutting and honey gathering

8:00pm Medical meeting in Hartmann's cabin

*Food- arrangements for these meals will be made. See Polly McClanahan for information.

effectively. Students from many disciplines - medicine, nursing, law, arts and science, divinity, and engineering - lend their particular knowledge to broaden an entire program that is concerned with health care as a basis to better all aspects of community life.

During the summer the students are divided into three separate groups: the medical team, the community workers, and the special project workers. Although each group has a specific function to pursue, there must be interaction between these groups in order to coordinate their efforts toward the resolution of the multifaceted problems which face each community.

A. Medical Team

The medical team is composed primarily of medical and nursing students. Prior to the summer, each member of the team has received training through the course, Pediatric Physical Diagnosis, and through smaller groups led by the Vanderbilt House Staff. This group comprises the major medical staff of the Health Fair, trains community people to perform certain jobs for the Health Fair, and writes the charts and makes suggestions as to follow-up work. Basically, the medical team is divided into two groups: pediatric examiners and adult examiners.

It is important to note that the medical group did work as a team and that their flexibility allowed them to perform different jobs according to the situation. The necessities of specialized training, however, limited diversities in duties to a certain degree (i.e., only pediatric examiners who were specifically trained in adult physical diagnosis performed adult examinations). Rather than being stereotyped in confining roles, though, medical and nursing students worked alongside each other while benefiting from a mutual learning experience.

The most difficult and most important aspect of organizing the summer project is the hiring of the proper people. Selecting a group of people who are able to work well together under trying circumstances; who are compatible with the community, as well as with each other; and who perform competently jobs which require skills for which they have received limited training, crucially effects the success of our project. The salient importance of recruitment of personnel is therefore implicit in our project.

Last year a simple request for prospective team members elicited a sizeable response. Inquiries were received from more than fifty persons, and approximately that same number attended the Thursday night classes for pediatric examiners. Efforts were made to become personally familiar with as many

of these people as possible and to explore their interests in the project and other relevant areas of concern. Informal meetings were held almost bi-weekly when "old" coalition workers and "new" prospective members came together for discussion. We encouraged as many interested people as possible to visit the mountain communities in order to see if they were actually suited to the project and to see if they were able to interact effectively with the mountain people. We also encouraged involvement in related events in Nashville, such as Appalachian Weekend.

Final selections were difficult due to the limited number of people we could hire and the many qualified and interested people wanting to work. Though we attempted to establish objective criteria for hiring, much of the decision fell to personal evaluation of interest shown in the project, attendance at Thursday night classes, attempts to visit the mountains, interaction capabilities with the mountain people, and participation in projects here in Nashville. It was not possible to evaluate competence as examiners since practical experience was very limited.

In the final analysis, a sound group of people was drawn together, though we may be justifiably criticized for negligence in establishing a priori objective criteria for hiring purposes. Such objective criteria may not even

exist, but we must exercise some responsibility in directing interested and qualified persons to related programs if we are unable to hire them ourselves.

Biographical Sketches

Nancy E. Bagwell
Age: 30
Hometown: Nashville, Tennessee
Education: Vanderbilt University, B.A., May 1965
University of Virginia School of Medicine, completed 3 years
Vanderbilt School of Nursing, completed 3 years

Miss Bagwell worked with the Health Fair in the summer of 1972 as an adult examiner and was an adult examiner again this year. She hopes to complete her nursing course, and has stated that her reason for joining the Student Health Coalition project is to learn what life is like for less fortunate Americans.

Harry Ward Brooks, Jr.
Age: 23
Hometown: Louisville, Tennessee
Education: Maryville College, B.A., May 1972
Vanderbilt School of Medicine, M.D., May 1976

Mr. Brooks was an adult examiner with the Health Fair this summer. He was interested in gaining medical and patient experience, and saw the project as an opportunity to help rural communities.

Jeffrey Hilliard Brown

Age: 23

Hometown: Tulsa, Oklahoma

Education: Harvard University, B.A., 1972
Vanderbilt School of Medicine, M.D, 1976

Mr. Brown was a pediatric examiner, and joined the project to obtain medical experience and exposure to rural people and rural health delivery problems. His long-range career goals include health care delivery systems development and work in an area where physicians are needed.

Susan Lee Carlson

Age: 22

Hometown: Boca Raton, Florida

Education: Vanderbilt School of Nursing, B.S., R.N., 1973

Miss Carlson has worked in the Health Fair for two summers, as a community worker and as a pediatric examiner. This summer she was a pediatric examiner again. One-half of Miss Carlson's salary is being paid by the Stony Fork Health Council. Beginning in September she will be working full-time in Stony Fork as a nurse in the new mobile clinic loaned by TVA.

Angela Marie Carroll

Age: 22

Hometown: Brooklyn, New York

Education: New York University, B.A., 1974

Miss Carroll is aiming toward medical school and hoped to gain valuable training and experience this summer as an adult examiner/lab technician. She received a summer fellowship in 1971 to do health-related research.

Suzanne Colby

Age: 30

Hometown: New London, Connecticut

Education: Pembroke College, B.A., 1965
Vanderbilt School of Medicine, M.D., 1975

This was Miss Colby's third summer with the Student Health Coalition. In 1971, she served as a laboratory technician, and the next summer she worked as an adult examiner. She was an adult examiner again this year. She has three years of clinical laboratory experience and in certified in the State of Connecticut. She was interested in different approaches to medical care delivery, and felt this project would contribute to her knowledge in that area.

Diane Marie Cushman

Age: 21

Hometown: Bristol, Vermont

Education: Vanderbilt University School of Nursing, B.S., R.N., 1975

Miss Cushman was a pediatric examiner this summer. She has a special interest in rural people, and hopes to practice nursing in a rural area in the U.S. or overseas.

Rose-Marie Daly

Age: 19

Hometown: Pineville, Kentucky

Education: Manhattanville College, 1975

Miss Daly worked as an adult examiner/lab technician. She is working toward medical school and worked for two weeks in 1970 as a community worker with the Coalition. Her goal is to become a family practice physician.

Peggy Anne Earley

Age: 23

Hometown: Kansas City, Kansas

Education: University of Kansas, B.A., 1971
Vanderbilt University School of Medicine, M.D., 1976

Miss Earley worked for eight months in a hospital pathology laboratory before beginning medical school. She was an adult examiner and saw this project as an opportunity to contribute while gaining experience for her professional goals.

Caroline Leconte Gibbes

Age: 22

Hometown: Columbia, South Carolina

Education: Sweet Briar College, B.A., 1971
Vanderbilt University School of Medicine, M.D., 1975

Miss Gibbes was an adult examiner this summer. She is interested in mountain communities and culture, and hoped to gain professional experience through the project.

Wanda Kaye Gould

Age: 20

Hometown: Murray, Kentucky

Education: Vanderbilt University School of Nursing, B.S., R.N., 1974

Miss Gould enrolled in the Nurse Practitioner-Primex Program, and hopes to work as a Nurse Practitioner. She has worked with the Health Fair in the past as a pediatric examiner and served in that capacity again this year. She knows the people in the mountain area and enjoys working with them. Miss Gould is serving a term as a member of the Board of Directors of the Center for Health Services, and functioned as director of the nursing component of the Coalition this summer.

Robert Carl Hartmann, Jr.

Age: 22

Hometown: Nashville, Tennessee

Education: University of Notre Dame, B.S., 1971
Vanderbilt University School of Medicine, M.D., 1975

Mr. Hartmann was elected Director of the Rural Student Health Coalition, and in that capacity he has developed and implemented all of the plans for this year's project. He also functioned as an adult examiner. Last summer, Mr. Hartmann worked in the Health Fair as a laboratory technician. He spent three years working with the Council on

International Lay Apostolate doing community work in Mexico. Mr. Hartmann is also a member of the Board of Directors of the Center for Health Services.

Richard Peter Henighan

Age: 26

Hometown: Keokee, Virginia

Education: Fordham University, B.S. 1968
Peabody College for Teachers, M.A., (psychology), 1972
Harlan Appalachian Regional Hospital School of Nursing, R.N., 1974

Mr. Henighan worked with the Nashville Free Clinic for eight months as clinic coordinator. Prior to that, he worked as a community worker in the F.O.C.I.S. Project. He was an adult examiner with the medical unit and was especially interested in the development of medical resources in the St. Charles, Virginia area. He hopes to serve in the area of community medicine and rural health care delivery.

Judith Lewis

Age: 23

Hometown: Urbana, Illinois

Education: University of Illinois, 1969-71
Vanderbilt University School of Nursing, completed 2 years
University of Tennessee School of Nursing, B.S., R.N., 1975

Miss Lewis was a pediatric examiner in the project. She is especially concerned about rural poverty, and hopes to become a midwife or nurse practitioner.

Polly McClanahan

Age: 20

Hometown: San Antonio, Texas

Education: Vanderbilt University School of Nursing, B.S., R.N., 1975

Miss McClanahan has had brief experience in community medicine with the Los Amigos project in Guatemala. She spent four weeks giving immunizations to village residents. She was a pediatric examiner this summer, and hoped to learn about the people in the mountains through her work.

Duncan Burwell McRae

Age: 23

Hometown: McRae, Georgia

Education: University of Virginia, B.A., 1971
Vanderbilt University School of Medicine, M.D. 1975

Mr. McRae wanted to learn more about the mountain culture and the mountain people. He was an adult examiner this summer.

Frank John Pacosa, Jr.

Age: 25

Hometown: Camden, New Jersey

Education: University of Pennsylvania, B.A., 1970

Mr. Pacosa has worked with the Education Development Center as a teacher of children with learning disabilities, and has worked as a research assistant on hyaline membrane

disease in the Department of Pediatrics, Vanderbilt Medical Center. He was a pediatric examiner. Mr. Pacosa has applied for admission to the University of Colorado Medical Center Child Health Associate Program. His long-term goal is to combine medicine and primary comprehensive care with his knowledge of child development and learning disability techniques.

Kate Keary Palmer

Age: 21

Hometown: Memphis, Tennessee

Education: Vanderbilt University School of Nursing, B.S., R.N., 1974

Miss Palmer was a pediatric examiner and hopes the experience of the summer will be very worthwhile for her future as a nurse.

Ella Cole Vanderhorst

Age: 28

Hometown: Nashville, Tennessee

Education: Vanderbilt School of Nursing, B.S., R.N., 1973

Miss VanderHorst, as a recent graduate of the nurse practitioner program was looking forward to using her skills this summer. She was also anxious to learn from the mountain culture.

Hei Sook Wilkinson

Age: 25

Hometown: Nashville, Tennessee/Korea

Education: Ewha Women's University, B.A., 1965
Peabody College for Teachers, M.A., 1973

Mrs. Wilkinson is primarily interested in mental health testing, and she combined her skills in this area with her role as pediatric examiner. Her long-range goal is in the area of early prevention of mental illness.

Todd Scripps Wilkinson

Age: 29

Hometown: Grosse Pointe, Michigan/Nashville, Tennessee

Education: Harvard University, B.A., 1966
Vanderbilt University School of Medicine, M.D., 1975

Mr. Wilkinson was an adult examiner this summer, and was also in charge of procurement of drugs and equipment for the Health Fair. He spent two years with the Peace Corps as an English teacher. After his professional training, he hopes to become a physician in a rural area.

Nancy Ellen Wilson

Age: 21

Hometown: Larchmont, New York

Education: Vanderbilt University School of Nursing, B.S., R.N., 1975

Miss Wilson would like to be a nurse practitioner, and hopes her experience as a pediatric examiner will contribute to her education in that field.

PEDIATRIC PHYSICAL DIAGNOSIS

Thursday Nights @ 6:00 P.M. - C-2213

January 25	Introduction, History-taking, Routine Measurements	Leah Albers
February 1	The Head and Neck, Film (ear)	Dr. Wm. Dow
February 8	The Chest, Heart Records	Dr. John Wolf
February 15	The Abdomen, Genitalia, Anus ■ Rectum Slides, Film (abd.)	Dr. Annie Jackson
February 22	The Extremities, Muscles, Joints & Spine Film (gait)	Dr. Wm. Altemeier
March 1	Neurological Examination and Developmental Assessment	Dr. Gerald Fenichel
March 8	Film (Technique of an Effective Examination) Laboratory procedures	Leah Albers & Wanda Gould
March 15	Immunizations and Skin Tests	Dr. David Karzon
March 22	Feeding and Nutrition	Leah Albers
April 5	Film (Communicable Diseases Infectious Diseases (measles, chickenpox, mumps, flu, pertussis)	TBA
April 12	Respiratory Diseases - URI, Otitis Media, Rhinitis, Pharyngitis, Pneumonia, Croup, Asthma, TB	TBA
April 19	GI diseases - vomiting, diarrhia, colic, abdominal pain, constipation, worms, ulcers	TBA
April 26	Genito-urinary problems - cystitis, pyelonephritis, vulvovaginitis, menstruation Neurological problems - seizures, blacking out spells, headache	TBA
May 3	Anemia, Rhumatic Fever, Allergy, Diabetes Mellitus, Impetigo, Cellulitis	TBA

Suggested Texts

Barness, Lewis A. Pediatric Physical Diagnosis, Chicago: Year Book Medical Publishers, Inc. 1971.

De Gowin and De Gowin, Bedside Diagnostic Examination, New York: The Macmillan Company, 1971.

Green, Morris and Richmond, Julius B. Pediatric Diagnosis, Philadelphia: W. B. Saunders Company, 1969

B. Community Workers

The Community Workers were divided among the four communities and remained in each community during the entire summer. These workers were the community organizers whose goal was to focus the interests of the local citizens on the health needs of the community. Although ideally a compatible male and female student, capable of coordinating their activities, should be placed in each community, this was not always possible. This past summer, only four students were working in a bona fide community worker position throughout the summer; and if they had counterparts, they also served other functions. One female Arts and Sciences student worked in two nearby communities which we had visited last year, Petros and Ston Fork, where she assisted the existing Health Councils. A male community worker was in Petros, but his primary responsibility was organizing and coordinating a community work force to build that community's health clinic. In a new community, Norma, a male and female student divided their responsibilities as community workers and proceded to accomplish their separate tasks. One female community worker was placed in the fourth community of St. Charles, but she worked closely with a young couple who lived nearby.

Although we were unable to place two workers in each community and thereby attain an ideal working situation, the students who did function in the existing positions were flexible and were able to handle their jobs well. A nearly completed community-built clinic in Petros, a strong Health Council in Norma (which has joined with Petros and Stoney Fork in the Mountain People's Health Council), and a new clinic and Health Council in St. Charles, all attest the success of the community workers.

A very important function in the project is performed by the community worker, in that this person provides the necessary continuity between the Health Fair and the community when the Health Fair is away from the particular area concerned. He must work closely with the host community group in order to make preparations for the Health Fair and to develop the interests of the sponsoring group in long term solutions to its problems. By inviting the Health Fair to come into a community, the sponsoring group must accept certain responsibilities for the Health Fair. Preparations must be made which include such things as arranging for electricity, water, and telephone hook-up; arranging transportation to and from the site

of the Health Fair for those with no car; locating families who are willing to house Health Fair personnel during the time in which these persons are in the community; planning meals at the Health Fair; and developing a large scale publicity effort in advance of the Health Fair. In making these preparations, the community worker must be careful not to make the decisions or develop the plans for the host group; rather, the community worker must assist the sponsoring group and guide the community in whatever way possible. Following the Health Fair, the community worker must play an active role in necessary followup procedures. This would include making appointments with referral agencies and providing transportation, if necessary.

The most important function of the community worker is in the area of developing the citizen group, especially in communities where the group is not health oriented. The successful community group will be able to focus its attention on particular issues, develop specific goals, and muster additional support in the community. The community worker should be able to catalyze that effort and help the citizens to delineate alternative recommendations for pursuing their goals.

As the citizen group develops, the community worker may assist the group in making contacts with local, regional, and state agencies in order to request services which it perceives are needed. At some point, the community may begin to see other needs aside from health goals, such as a voice in revenue sharing allocations, environmental issues, and community economic development. When the community group reaches this stage, the community worker is no longer needed. The community may then request other types of services from the Rural Student Health Coalition, perhaps in the form of a special project.

The task of selecting community workers and law students for the project was more than a simple space-filling exercise because more was at stake than merely establishing an adequate complement of staff. Much of the success of the project rested upon a solid foundation established by the community workers in their respective communities. On the other hand, law students needed to be able to relate effectively to community people in order to strengthen community goals toward long-term solutions to their problems.

During the selection process two prominent considerations were operative. First, there was the obvious necessity of locating individuals who would be flexible enough to

adjust to the fabric and tempo of Appalachian community life. If, for instance, a community worker was incapable of establishing a working relationship with the people of a community, his or her effectiveness in the community would be greatly diminished. This lack of effectiveness might then jeopardize the chance of that community creating a viable health council, and such a risk would be unfair to the community and unacceptable to the Project.

The other consideration arose from a desire to choose individuals for whom the summer experience would either support beliefs and experiences already acquired or kindle an interest and commitment to community development and autonomy in their chosen career. Specifically in the case of law students, individuals were sought who were committed to or strongly leaning toward working in the public interest legal services sector of the legal profession, preferably, but not necessarily, in East Tennessee. Generally, mere interest or a desire to work "in the project" was not considered sufficient motivation -- it was hoped to find something more than mere curiosity. There tended to be many more applicants than positions, and we were able to enjoy the luxury of seeking individuals who most closely approximated our established criteria.

The actual procedures used in choosing staff for the project were different, as the nature of the jobs were different. All of the community workers were chosen from among the Vanderbilt undergraduate student body. A general meeting was held at which the roles and duties of the community worker were discussed, following which three persons who had previously worked in the project visited everyone who had indicated an interest. Fifteen minutes to a half hour were spent with each student in the hope of learning something about their personalities and interests. Later, the three "interviewers" compared their perceptions of the various individuals. An attempt was made to decide whether or not the person would be able to relate effectively to community people while accomodating him or her self to the social limitations which would have to be observed during the summer.

Biographical Sketches

Anne Laurie Cunningham
Age: 20
Hometown: Houston, Texas
Education: Vanderbilt University Senior

Ms. Cunningham was a community worker. She had past experience in the fields of mental health and community organizing and was therefore interested in further work involving community organizing and personal contact.

Roger Dalhouse DesPrez
Age: 18
Hometown: Nashville, Tennessee
Education: Vanderbilt University Sophomore

Mr. DesPrez had an interest in the Appalachian region and in health programs. His job as a community worker brought these interests together.

Walter Rand Hodges
Age: 19
Hometown: Baltimore, Maryland
Education: Vanderbilt University Junior

Mr. Hodges is an engineering student. He found practical experience in construction and engineering by coordinating the construction of the Petros Health Clinic.

Nancy Laurel Raybin
Age: 21
Hometown: Cleveland, Ohio
Education: Vanderbilt University Senior

Ms. Raybin was a community worker this summer in St. Charles. Being interested in social work, she felt that experience in community organization would be appropriate.

Roslyn Sue Malkin

Age: 20

Hometown: Memphis, Tennessee

Education: Vanderbilt University Senior

Ms. Malkin served as a community worker this summer. She wanted a summer experience that involved community service. Since she also had a desire to learn more about the Appalachian communities in her home state, her job as a community worker seemed to fill the bill.

C. Special Projects

Special projects are an integral part of the Student Health Coalition. Bearing in mind the SHC's multi-disciplinary approach to health, we believe that to deal only with the strictly medical problems in the communities we visit is to do only one-half the job. The health of any community is affected by social, political and economic factors which exert pressure on those communities.

Special projects have been developed by permanent and fulltime community workers, lawyers and community people who have sponsored Health Fairs during the summer. Together they have recognized the need for additional information and special skills which summer students could provide to help them solve related problems.

The special projects took two general forms this summer. Students with special skills were able to work with both the communities and the Student Health Coalition in transferring their skills (i.e., engineering, special education) and information to community people in a way that was most beneficial to the communities. They coordinated their activities in the community with the Health Fairs. We also hired undergraduate and law students from Vanderbilt, U.T., Duke, and U.N.C. Law School and Berea College (work-study) to work on specific projects and problems directly relating to the needs of the community but apart from the daily operations of the Health Fair. Some of the law students worked directly with the lawyers (one funded through SHC and one funded through Center for Health Services). These lawyers helped the students with legal and factual research, preliminary drafting, and legal education work with local community groups such as Black Lung Association. Other students were responsible for aiding community groups in researching areas of concern to them.

An engineering student was hired to help with the construction of a clinic in Petros. A Vanderbilt engineering graduate had developed the plans and supervised

the construction of another clinic in another community last year. This summer, he felt that another engineering student could adapt his building plans to the situation in Petros. The student in Petros found that his responsibilities ranged from providing manual labor to overseeing the actual physical construction of the clinic. Not only was he able to transfer some of his engineering skills to different individuals, but he was also able to organize the community to take an active role in building the clinic and planning for its future operation. The student was able to leave Petros at the end of the summer, confident that the clinic would be completed and his daily involvement was no longer necessary.

A special education student was valuable to the communities and the SHC because she was able to administer mental health and perceptual screening tests (on a voluntary basis) and coordinate with referral agencies for "problem children." She gave about 30 hearing tests, 30 Slesson Intelligence Tests (SIT), 20 Visual Motor Integrative tests (VMI) and 2 DDST. She felt that her services could have been better used if the pediatric examiners had realized the importance of early intervention of "problem" children. However, she strongly felt that the most important factor in dealing with "problem" children was

not so much the administration of tests but the education of the parents involved.

Seven law students and six students were involved in special studies described below.

1. The organization of a law office to be funded by the Ford Foundation was not completed due to the hesitancy to hire a lawyer until the right one was found. This problem has been resolved, and the law office plans to be in operation by January 1, 1974.

2. An investigation of East Tennessee Development District's policies and decision-making processes was initiated. A formal report has been compiled on the A-95 Review system. This topic is one of great interest to the local citizens because of ETDD's significant impact on the designation of funds coming into these areas.

3. A report was compiled showing how the undeveloped mineral reserves of large land companies can be fairly assessed and taxed. This information will be presented at the Federal hearing on coal taxation to be held by Senator Muskie's Subcommittee on Intergovernmental Relations, November 8, 1973. The students who worked on this project are also scheduled to appear before the Tennessee Board of Tax Equalization as witnesses.

4. Data was collected on revenue-sharing funds, severance tax funds, and county budgets; this information will be compiled in a report and made available to local citizens.

5. The booklet Down at the Courthouse was published as the result of a study done about the county government officials and their duties. This will be distributed to the members of "Save Our Cumberland Mountains" and other local groups.

6. There was a study concerning the County Health Departments and their delivery of services to various areas of East Tennessee. This study will be useful to local citizens and the local health councils.

7. Upon the request of the "Concerned Citizens for Fair Taxes", the taxation of coal in Virginia was researched. Valuable data was collected and turned over to a local group.

8. The availability of government funds for the reclamation of orphan strip mines for recreational purposes and the means of getting these funds was the topic of research for one project. A thorough job was done, but the success of the study depends on the initiative of the local citizens to use the information to reclaim the orphan strip pits near their communities.

The law students were chosen from four law schools, Vanderbilt, North Carolina, Duke, and Tennessee. There were three reasons for this. First, there were not enough law students at Vanderbilt interested in the project for a full staff. Second, there was a feeling that it would be desirable to involve UT Law School as it was in closest proximity to East Tennessee where the project was located and therefore more capable of providing long term assistance and resources. Finally, we wanted to expose other law students in the South to a community oriented interdisciplinary project.

Over 200 students at all four schools applied. We looked for students who not only seemed to be academically sound but who had interest in public interest-community legal work. An especially important consideration was whether the law student would be able to work with community people. After several agonizing review sessions we were able to agree on four law students from each of the four schools.

Three special projects workers were chosen by community organizers working in East Tennessee from among students at Berea College. These people were hired because it was felt they would have more of an interest in the

community, all of them being from Appalachia and therefore more prone to translate their summer experiences into career plans.

Biographical Sketches

Eve Beth Biskind

Age: 23

Hometown: Shaker Heights, Ohio

Education: University of Michigan (B.A.) 1972
Vanderbilt Law School - one year completed

Miss Biskind was interested in being part of a combination of medical and legal services in community work. She worked in a special project involving the study of local governmental structure and function

Donald Charles Des Roches

Age: 30

Hometown: Knoxville, Tennessee

Education: Ganzaga University (B.A.) 1967
University of San Francisco Teaching Certificate

Mr. Des Roches was a special project worker, coordinating a five county budget study in eastern Tennessee. He had past work experience with Vista and in teaching mentally retarded children.

John Lee Kennedy
Age: 26
Hometown: Brentwood, Tennessee
Education: Southwestern Tennessee University (B.A.) 1969
V U L S (J.D.) 1972

Mr. Kennedy worked in a special project involving health related legal problems. He has worked with the Coalition in the past and feels the need for the health councils in the rural areas to have a sound legal basis for the operation.

Marcia Joan Lieberman
Age: 23
Hometown: Chicago, Illinois
Education: Indiana University (A.B.), 1971
Duke Law School, one year completed

Miss Lieberman worked in a special project doing legal research. She had done legal aid work in the past and was interested in a service-oriented application of law.

James Richard Scroggins
Age: 20
Hometown: Tate Springs, Tennessee
Education: Berea College, 3 years completed

Mr. Scroggins worked in a special project studying methods of mineral taxation. He is from an area near where he worked and was interested in the study of tax structures.

Dean Paul Tudor

Age: 23

Hometown: Tenafly, New Jersey

Education: Florida Presbyterian College (B.A.) 1972

Mr. Tudor worked in a special project on tax assessment of minerals. He was interested in tax laws and their application.

Irwin Bruce Venick

Age: 24

Hometown: Wantagh, New York

Education: State University of New York at Buffalo. (B.A.) 1971
Vanderbilt Law School, 2 years completed

Mr. Venick had worked with the Coalition the previous summer. He worked as special project coordinator and legal researcher. He was interested in the legal services involved with health-related problems. He would like to pursue a community oriented legal career.

Mike Ridenour

Education: Berea College

Mr. Ridenour was involved in a special project. His interests in law and administration were put to good use in the study of the governmental structure and functioning in Campbell County, Tennessee.

D. Physicians

Many physicians volunteered to spend time with the Health Fairs, and most were from Vanderbilt University Medical Center. These faculty members were on hand for varying lengths of time (two days or longer) throughout the summer.

We greatly appreciate the time, effort, and advice that these doctors gave to us as they are an indispensible part of the Health Fairs. However, as far as continuity was concerned, the physician supervision was certainly less than optimal. It was not possible to have the same physician or physicians with us all the time with additional clinical specialists coming up at various times during the summer. Several pediatricians promised their time during the first half of the summer. However, accidents and failures to show up left us at a disadvantage as we had to employ last minute efforts to find the necessary supervision. When we started adult examinations on July 9, we had one physician with us full time with several others filling in, and this resulted in better medical supervision.

The following physicians worked at the Health Fairs:

from Vanderbilt:

Dr. John Amberg, Chairman, Dept. of Radiology

Dr. Paul Silk, Radiology

Dr. Ed Staub, Radiology

Dr. Tom John, assistant resident, Dept. of Medicine

Dr. Rick Davidson, assistant resident, Dept. of Medicine

Dr. Rick Latos, assistant resident, Dept. of Medicine

Dr. John Worthington, assistant resident, Dept. of Medicine

Dr. Robert Hartmann, Prof. of Medicine

Dr. John Hollifield, Dept. of Medicine

Dr. David Karzon, Chairman, Dept. of Pediatrics

Dr. Gerald Atwood, Prof. of Pediatrics

Dr. Henry Coppolillo, Prof. of Psychology

Dr. William Dow, resident, Dept. of Pediatrics

others:

Dr. James Craig, Director, Medical Division, T.V.A.

Dr. Todd L'Hommideau, Medical Officer, U.S.A.F.,
Holliman, New Mexico

Dr. J. Peter Moss, Medical Officer, U.S. Army, Ft. Bragg,
North Carolina

V. HEALTH FAIRS DURING THE SUMMER

A. Procedure and Scheduling

Two Health Fairs were held in each community this summer. This method has proven to be the most effective use of our energy and appears to encourage and sustain wider community support, because the Health Fair and the descent of the medical team is not experienced as a "one-shot", "one week" adventure, but as an all summer community and student endeavor.

The first few days that a Fair comes to a new community are generally a time for much confusion and suspicion on both sides. The community workers, who have been residing in the community prior to the medical team's arrival, have generally done the following: laid most of the groundwork, hired community people to work at the fair, publicized the essential information about "what goes on at a Health Fair", and spread the word about the high quality of the students' professional medical expertise and moral character. The students' purposes for helping sponsor a Health Fair are also clearly delineated so that no one will misjudge our intentions or assume that there is a hidden financial "catch" to a free medical service being provided to every community member who wishes to participate. However,

communication inevitably breaks down somewhere along the line and the first few days of the Health Fair are slow. The community people wait and consider their neighbor's opinions while the students wonder if the community is a wise choice for the Fair.

Everything changes on the third day. Word travels quickly in the mountain hollows, and the medical team is astonished to find people lining up at the doors of the school house before the Fair is even to open in the morning. Both the students and the community people who have worked together in preparation for the Fair, smile as success is realized and their neighbors begin to turn out.

During the summer, the Fair's first visit to each community (new or repeat) focuses on immunizations, pediatric examinations and adult laboratory tests. Nursing students give the immunizations and examine the children. The medical students draw blood, take x-rays and test blood pressure and eyesight. The community people alternate jobs as their schedules permit. Interestingly enough, high school girls in each community have been more than willing to handle the unpleasant job of a dipstick urinalysis for the Fair's duration.

The second visit to a community is usually three to four weeks later, when the results of the adult laboratory tests have returned. With these results, the medical students can take better histories and perform "more knowledgeable" physical exams for their patients. Many of the adults have never had a complete physical exam, let alone more than fifteen minutes with a doctor. The medical students are thorough -- their exams usually take an hour, and the supervisory physician is usually nearby to help with any problem that the students may encounter. Consequently, there is not enough time in the day for all the adults who do return to be given a complete physical examination. In at least one community, one of the physicians had to screen out the adults whom he felt had received enough medical attention in the last few months so as not to warrant another complete physical. The doctor explained the lab test results to these people and women who needed a pap test were given one.

The scheduling of the two Health Fairs per community has proven to be a very successful method for administering both multi-phasic screening and complete physical examinations to a rural community unfamiliar with medical

people who have the time to take a personal and concerned interest in them. Unfortunately, not all of our scheduling was well planned. If we had allowed for a longer Health Fair in more populated areas we may not have been as overburdened. However, there are few hints before a Health Fair comes to a community that the Fair will be popular and well attended.

Enthusiasm in a community varies according to the individual population and the effectiveness of our community workers. It is also difficult for our schedule to be very flexible once we are in the community. The summer is so short and we are committed to Health Fairs in three other communities. The following "final" schedule was drawn up at the end of May. Daily opening and closing times were decided in individual communities according to the needs of the community people.

B. Health Fair Procedure

As explained before, the work of the project is divided among three groups of workers: the medical team, the community workers and the special projects workers. The Health Fair segment utilizes the medical team, and tasks were assigned according to its special functions.

VANDERBILT STUDENT HEALTH COALITION
Summer 1973 East Tennessee

REUNION '73 3 Orientation	June 4 - Aug. 10 Summer Session 4 Orientation	5 Move to Stony Fork	6 Health Fair in Stony Fork 10am to 6pm	7 Health fair Stony Fork 8am to 4pm	8 Health fair in Stony Fork 12 to 7 pm	REUNION '73 9 Orientation H.F. Stony Fork (5-12)
10 Off	11 Move to Petros Concert by the New River Boys Petros Gym 7 pm	12 H.F. at petros	13 H.F. Petros	Flag Day 14 H.F. Petros	15 H.F. Petros	16 H.F. Petros
Father's Day 17 Off	18 H.F. Petros	19 H.F. Petros	20 Move to Norma	21 H.F. Norma	22 H.F. Norma	23 Off
24 Off	25 H.F. Norma	26 H.F. Norma	27 Move to Virginia	28 H.F. at Virginia	29 H.F. Virginia Cosby Bluegrass Festival	30 Off - Cosby Bluegrass Fe
S	M	T	W	T	F	S

Byrd Duncan suggests looking at the hornet's nest during the summer to find out if there will be a cold Winter. If the nests are low to the ground, there will be an open winter. If the nest are high in the trees, get an extra set of long johns (yellow jacket nests work too)

1 Off Cosby	2 Health Fair Virginia	3 Health Fair Virginia	Independence Day 4 Off	5 Off	6 H.F. Virginia	H.F. Va.
8 Off	9 Adult Exams Begin H.F. at Virginia	10 H.F. Va.	11 H.F. Va.	12 H.F. Virginia	13 Off	14 Off
15 Off	16 Health Fair at Stony Fork	17 HF Stony Fork	18 H.F. Stony Fork	19 Health Fair Stony Fork	20 Off	21 Off
22 Off	23 H.F. Petros	24 H.F. Petros	25 H.F. Petros	26 H.F. Petros	27 H.F. Petros	28 Off. and Duncan's Jamboree
29 Off	30 H.F. Petros	31 H.F. Petros				

			1 Move to Norma	2 H.F. Norma	3 H.F. Norma	4 Off
5 Off	6 H.F. Norma	7 H.F. Norma	8 Chart work	9 Chart work	10 Chart Work	11 Amos & Gary's wedding
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

To be announced. Plus continue followup**

The Medical Coordinator was in charge of making contact with various medical groups and doctors as discussed in the Preparation section. He also ordered the supplies and necessary charts. It was his responsibility to be certain that the followup procedures were adhered to.

Pediatric Examiners were nursing and medical students who have been specially trained to perform pediatric physical diagnosis under supervision.

Adult Examiners were second and third year medical students. During the first portion of the Health Fair, these students performed the adult lab tests; and during the second portion, they performed adult examinations under supervision.

Community people were hired to work in the Health Fair in each community. After some training by the examiners, these workers were able to complete a good portion of the preliminary screening. They were able to perform measurements, eye screening, blood pressure and urinalysis. Participating closely with the actual working of the Health Fair fosters an increased sense of responsibility on the part of the community people. Familiarity with these simple procedures and terms connected with them serves to heighten the awareness of the

of the person regarding health matters in general. They become more interested and ask questions, so that they can learn more. As the mystique of medical practice erodes, these people can think more easily about becoming partners with medical people to work for change.

C. Flow Pattern

1. The first stop encountered by the patients is the registration table. Here preliminary information is recorded; such as name, sex, age, telephone number, address and county. If the person has been to a Health Fair before, his folder is taken from the files. If not, he receives a new folder which he carries with him as he goes through. He is asked if he wishes his record to go to the county health department. If he has seen a doctor within the past five years, he is asked if he wants a copy of the records to go to the doctor. Because these people are from quite isolated areas, the person is asked to provide directions for finding his house. The files are kept in order according to number, and a cross-reference index system is maintained by patient name. Adults are also given appointment slips for their return visit.

2. The next stop is for eye screening, height, weight and blood pressure. These functions are performed by trained community people.

3. After this information has been recorded, patients are divided by age. Children through age 16 move to the pediatric examining room where a complete history is taken and the urinalysis done. The child is then examined by a pediatric examiner under the supervision of a physician. The hematocrit is done with results available before the child leaves, in case a preferral smear is indicated. If immunizations are necessary, the physician requests that it be done. Records of immunizations are kept for the Public Health Department and the project records.

4. Adults over 17 have urinalysis and VDRL tests. SMA_{12}, SMA_7 and x-rays are done on the TVA van by technicians provided by TVA. X-rays were read by the Vanderbilt Department of Radiology. SMA_7's and SMA_{12}'s were done by TVA.

5. EKG's for the men were done in the TVA van and in a separate examining room for the women. All EKG's were read by the Department of Cardiology at Vanderbilt.

6. The adult examinations were done on the Health Fair's return visit to the community. PAP smears for all consenting women were forwarded to the Cancer Cytology Laboratory at Vanderbilt for the results.

D. Pediatric Examiner

To say that the job of the "pediatric examiner" was to take histories and do physicals on children (0-15 yrs.) is to state the job quite simply. Since we tried not to split families during their examinations, this sometimes meant the examiner (or examiners) would be questioning the mother of six or seven children ranging in age from 2 months to 10 years about milestones of development, birth weights, who had had chickenpox, and who had had mumps, etc., while the mother in the meantime would be trying to assure the crying little ones they weren't going to get a shot (...yet). After the initial history, the examiner might examine two to three of the children at the same time so the children wouldn't have to be separated from their mother and so the smaller ones could see we weren't hurting older brother. Our physical exams were complete with height and weight growth charts, head circumferences for younger than two years, and blood

pressures and complete examinations. If we had any questions after the physical exams, we explained to the mother we wanted to have someone else check also and would ask the attending pediatrician to check the things we questioned. Minor complaints (such as impetigo, worms, ear aches) we treated, (after consulting with the doctor) and attempted to explain and teach the parents as much as one meeting would allow.

If complications were suspected or discovered during the physical exam, we asked the attending pediatrician to examine the child and we explained to the mother that we simply wanted to have someone else check her son or daughter.

The pediatric examiner had other jobs with the mobile unit besides just taking histories and doing physicals. We rotated through doing fingerstick hematocrits on children and giving immunizations to adults and children. In addition, there were always less glamorous things such as clean catch urines, throat cultures, or chaperoning a pelvic that had to be done.

The fore mentioned jobs were done during the day. After the Health Fair closed, we would go back over the

day's charts and review them to see if follow up was necessary. "Follow up" implies any action required if the child needed to be referred to a local doctor, see an opthamologist, have a more thorough mental evaluation or return to the next Health Fair for a repeat PCV, urine culture, or another DPT shot. Letters were sent to the parents of the child either saying the child was normal and healthy (which was also stated at the time of the exam) or that they needed to see the local doctor (this would be suggested at the time of the exam and a letter sent to that doctor), or that a pediatric examiner who was returning to their community would be by to see them soon and discuss their child's exam and answer any questions they had. Letters were sent to all patients and to the doctors of the patient--if they had one--or to the referring doctors with copies of the history and physical exam. Copies of our records were also sent to the local county public health department.

After the first five weeks of the summer and the initial visit to an area had been made, we did not advertise the fact that two pediatric examiners stayed with the mobile unit to give examinations to any children who returned with the adults coming for their exams. The other

pediatric examiners went to a community to live for the rest of the summer. Here they began making home visits to patients and insuring that those persons who needed to see a doctor got to one, or returned to the second Health Fair. When the Health Fair did come to their community again the pediatric examiner worked with it in much the same capacity as during the first fair.

The job of a pediatric examiner is difficult to describe since its scope is wide and the tasks varied with what needed to be done. We remained busy, learned much, and provided a worthwhile service.

E. Routine Laboratory Tests for Adults

The routine lab tests administered to adults at the Health Fairs (eg. chest x-ray, electrocardiogram (EKG), and blood analysis) provide a valuable data base. Generally, the adults fall into two categories with respect to these tests: those who have never had a chest x-ray, an EKG, or a complete analysis of blood constituents (SMA-7, SMA-12). Then there are those for whom it has been quite some time since they received these tests. Therefore, these services which are provided at the Health Fairs may be the only opportunity for the community's adult population to

receive a thorough screening with basic laboratory tests.

In addition to providing screening tests to a population which normally lacks access to such services, the data which is collected on each person is also evaluated by the adult examiners with the mobile medical unit. The physical examination of each adult is facilitated by the accompanying results from the laboratory tests.

Through the cooperation of the Tennessee Valley Authority, the Health Fairs have been equipped each summer with a mobile van which has facilities for drawing blood and performing chest x-rays and EKG's. The TVA laboratories in Chattanooga also provide their services for analyzing the blood samples and returning the recorded results to the mobile unit. Each adult over sixteen years of age has blood drawn. In addition, those over age twenty-five receive a chest x-ray, and those over thirty-five also receive an EKG.

Although these tests are expensive, both the Student Health Coalition and the medical personnel of TVA feel that the data that is compiled is relevant for a population which does not have the resources for obtaining such services on a regular basis. The immediate use of the test results during the physical examinations is also of value.

These services are all part of the project's efforts to supply individuals with information about their immediate health needs and to ultimately supply the community with an awareness of the needed improvement of health care delivery to their area.

F. Follow-up

Follow-up is certainly one of the most important aspects of the Health Fair and so it needs to be stressed continuously. To uncover a medical problem which is in some form treatable is just to scratch the surface. In order to approach completeness and to give continuity to the medical portion, we must follow-up each abnormal situation as it presents itself. In the early summers of the Student Health Coalition work, this was one of the areas in which we received a great deal of criticism, much of which was warranted. During the ensuing summers we have tried to upgrade our methods. Over the years this has come to incorporate many techniques which are gradually showing improved success.

Pediatric follow-up is carried out mainly by the pediatric examiners, the majority of whom are nursing students. At midsummer these folks leave the Health Fairs and return to the previously visited communities for the remainder

of the time. They make home visits for varied reasons. To cite just a few cases, the examiners recheck blood pressure, make sure that a certain medication schedule is being adhered to, and obtain additional urine samples to check the efficacy of a treatment. Letters are sent to the parents of all children who have been seen at the Health Fair. These are form letters when all or the majority of all results are normal. Individual letters are written by the examiners for abnormal results and problems. If a person indicates that they have a family physician or a physician whom they have seen regularly in the past few years, we send copies of the history and physical forms and a covering letter to these doctors. The rationale behind this is two-fold: 1) we are providing the local physician with a great deal of specific lab data and results of a thorough physical examination which he ordinarily would not have the time to perform; 2) people will often go to these physicians for long term follow-up care of problems which we have uncovered provided that the physicians can accomodate them in their practices.

Many of the problems of follow-up stem from the inability to plug into the referral system. Much of the follow-up time is spent trying to work out appointments at some of

the Knoxville, Oak Ridge, Harlan, or Bristol Clinics. Once this is done, the follow-up workers and the community workers talk repeatedly with the patients about the reason for the visit to the doctor and the importance of the same. If transportation is a difficulty, that is arranged. Often there are monetary difficulties, and we attempt to arrange third party payments where applicable. These are usually through Medicare, Medicaid, Welfare, or Vocational Rehabilitation.

Adult follow-up was done in a similar fashion with letters, home visits, arrangement of long term follow-up, etc. The main problem with this portion was that by the time adult exams were finished, the end of the summer was near and the adult examiners, mainly medical students, were anxious to leave in order to have a week or two off prior to school. The pediatric follow-up workers had their hands full and consequently a few people were left doing a great deal of work and the results were somewhat inadequate. One way to avoid this would be to have the Health Fairs end in the early part of August, allowing two to three weeks for follow-up.

The various Public Health Departments played an important role in follow-up. During the Health Fair many persons received the first and sometimes the second dose of an immunization series but because of lack of time, had to return to the Public Health Department rather than the Health Fair for the continuation of their series. Also, positive tuberculin skin tests and chest x-rays suspicious of tuberculosis were referred to Public Health Departments because of their extensive programs in that area. Positive gonorrhea and syphillis were reported to the Public Health Department as required by law.

On the following pages are examples of form letters which were used throughout the summer.

75.a.

Student Health Coalition
% William W. Dow, M.D., Director
Center for Health Services
Vanderbilt Medical Center
Nashville, Tennessee 37232

_____, 1973

Dear _____,

Thank you for coming to the Health Fair. We tested your health using the methods checked below.

Name of test	Type of test	Things the test can show
_____ SMA 12	blood	12 chemicals in blood
_____ SMA 7	blood	red blood cells, anemia
_____ Urinalysis	urine	sugar diabetes, kidney disease
_____ EKG (cardiogram)	measurement of electricity from heart	heart function
_____ X-ray (chest)	X-ray	pictures of lungs and heart
_____ TB skin test	injection under skin	tuberculosis
_____ medical history	interview	past health
_____ physical examination	examination by student doctor and/or specialists	visible signs of disease
_____ _____	_____	_____
_____ _____	_____	_____

The results of these tests were all normal. As far as we can tell, then, you are in good health.

A copy of the results will be sent to your regular doctor and/or local health clinic as well as the County Health Department. If you have any questions, write us at the address at the top of the letter, and we will be happy to try to answer them.

Sincerely yours,

Further comments

Student Health Education
℅ William W. Dow, M.D., Director
Center for Health Services
Vanderbilt Medical Center
Nashville, Tennessee 37232

75.b.

_____, 1973

Dear Dr._____,

During one of our Health Fairs, we had the opportunity to examine the person indicated below, who has requested that we send you a copy of our findings.

Identification

Name of patient: _____, _____ _____
Last First Middle

Date of Birth _____ Place of Exam _____

Sex _____ Date of Exam _____

Lab Tests (checked if done)

_____ SMA 12 - blood chemistries
_____ SMA 7 - hematological screening
_____ Fingerstick hematocrit
_____ VDRL serology
_____ Dipstick urinalysis
_____ EKG
_____ Chest X-ray
_____ TB skin test
_____ PAP smear
_____ _____
_____ _____

History and Physical Examination (checked if done)

_____ History
_____ Physical Examination
_____ Pelvic Examination

List of Active Problems	Date of Onset
#1 _____	_____
#2 _____	_____
#3 _____	_____
#4 _____	_____

Treatment (including immunizations and counseling)

We hope this information will be of value in your future care for this patient. Detailed copies of all our records can be obtained by writing us at the above address or through the County Health Department.

Sincerely yours,

75.c.

Student Health Coalition
% W. W. Dow, M.D., Director
Center for Health Services
Vanderbilt Medical Center
Nashville, Tennessee 37203

_____, 1973

Dear _____,

Thank you for bringing _____ to the Health Fair. We tested this child using the methods checked below.

_____	hematocrit –	a blood test to check for anemia
_____	urinalysis –	a urine test to check for sugar diabetes and kidney disease
_____	medical history –	an interview to check past health
_____	physical examination–	examination by student doctor and/or specialists to check for visible signs of disease.
_____	_____	_____
_____	_____	_____

The results of these tests were all normal. As far as we can tell, then, this child is in good health.

A copy of the results will be sent to your regular doctor, the County Health Department, and/or local health clinic. If you have any questions, write to us at the address at the top of the letter, and we will be happy to try to answer them. We are grateful to you and your community for inviting us to come.

Sincerely yours,

Further comments:

Student Health Coalition
% W. W. Dow, M.D., Director
Center for Health Services
Nashville, Tennessee 37232

_____, 1973

Dear _____:

Your PAP test (female cancer test) was normal. This was the test made during the female examination. By looking at cells from the womb entrance under the microscope, it is possible to check for cancer of the female parts. It is important to have such a test done every year, especially in women over 40.

Sincerely yours,

_____, M.D.

VI. THE COMMUNITIES AFTER THE HEALTH FAIR

The task of bringing Health Fairs to the four communities of East Tennessee and Southwest Virginia (Stoney Fork, Petros, and Norma, Tenn., and St. Charles, Va.) was completed by the middle of August.

One of the immediate results of the summer is the formation of community groups interested in bringing better health services to their area. As in the past, a Health Fair comes to a community intending to deliver some form of temporary, short-term medical service, but the presence of a Health Fair is also intended to stimulate the community's awareness that they do desire a more long-term, continuous form of health-care delivery. After the Health Fair packs up and moves on, the community is left with these ideas about future developments, and the SHC community worker strives to aid the community in implementing these ideas in a practical way that has proven successful in other communities. Last summer (1972), StoneyFork and Petros were part of this process resulting in the formation of local health councils. Similarly, the people of Norma and St. Charles decided to organize for themselves the Area Health Council, Inc. and the St. Charles Health Council, Inc., respectively. The technical organization

of these two health councils was aided by the legal knowledge of an attorney living in La Follette who has been working with the project for the past few years. He was consulted on matters of drafting the constitution and the bylaws and understanding the process by which the group becomes incorporated and tax exempt. Presently, these health councils are cohesive, active groups taking definite steps in the direction of bringing better health facilities into their area.

St. Charles

After the fair, the community worker in St. Charles spent the two weeks following the Health Fair talking to various folks and evaluating their reactions to the Health Fair. The people were proud of their involvement in the Health Fair, were impressed with the SHC work, and wished that the students could have stayed longer. The quality and the convenience of a Health Fair was a new experience for people who have had a difficult time receiving adequate medical attention in the past. The overall positive experience with the Health Fair was the catalyst which brought over 60 concerned residents to a community meeting early in August. The people of St. Charles had always complained about the lack of doctors

to one another, but this meeting was the first time that a general cross-section of the population met and complained together.

About twenty years ago, company doctors had offices in St. Charles, but with the decline of deep mining and large payrolls, the doctors moved to Pennington Gap. The people of St. Charles have been without accessable and adequate health care facilities for a long time. This first community meeting was the first step needed to remedy this situation. St. Charles was determined to set up a local health care service which would directly benefit the entire community on a permanent basis as the Health Fair had done on a temporary basis.

The people decided that they needed a permanent, legal community group to most effectively design a plan to bring doctors back to St. Charles. They formed the St. Charles Health Council, Inc. then elected officers and an executive board and formed various committees. They decided that they wanted a clinic and set out to raise the funds through small donations, bake sales, rummage sales, dinners, and low-key fund raising drives. Six months later a new building was standing in "downtown"

St. Charles and over $10,000 had been raised from the community and neighboring towns.

The community is still raising their own money but has begun to focus more attention on federal grants and revenue sharing monies. They are looking for doctors, staff, medical supplies and operating funds. Their enthusiasm and determination will certainly prevail and they will continue to surmount all obstacles that will face them. A doctor will practice in St. Charles again, and the people won't stop until he is there in their own St. Charles community clinic.

Petros, Stoney Fork, Norma

The local health councils in Norma, Petros, and Stoney Fork have joined together to form a confederation, the Mountain People's Health Councils, Inc. It was their desire to create this loose union in order that they might recruit resources and personnel which on their own they would be unable to attract or support.

The MPHC has applied and been approved for a National Health Service Corps doctor. One of the residents who has worked with the Coalition on the summer project,

Dr. Richard Davidson, has already volunteered to serve his Public Health Service duty in this position. The three clinics are now in the process of trying to find funds and personnel, which includes a nurse practitioner and a clinic aide at each clinic, for supplies, for equipment, and for the initial costs of operating the clinics.

The model of primary care delivery which MPHC will use is similar to that employed by United Health Services. Three nurse practitioners will be employed full time to handle most of the cases and a doctor will rotate among the clinics providing a resource for the nurses and seeing the more seriously ill patients. The aides will help the nurse practitioners and will also act as receptionists. An administrator will be employed to assist with the bookkeeping, and the general management of the clinics, and in recruiting further sources of funding.

Each health council will continue to direct its own program and program development. While larger grants, including governmental and foundation grants, will be solicited on behalf of the MPHC, each health council will be responsible for raising as much of its own money as is feasible.

The health councils are determined to become self-sufficient as soon as possible. They hope that they will be able to accomplish this through expansion of Medicare, Medicaid, and other third party payments through contacts with local unions and through collection of their fees.

VII. REFERENDUM

During the Fall Semester of 1973, the Student Health Coalition (East Tennessee, West Tennessee, and Urban Nashville projects) approached the Vanderbilt undergraduate student body with a referendum asking for their financial support for our summer projects. In preparation for the referendum, the Student Health Coalition (SHC) was involved in an extensive campus-wide publicity campaign in which the other students were informed of the past accomplishments and achievements of the SHC. The undergraduates voted in favor of the principle of students financially supporting the SHC by assessing themselves five dollars per person per academic year. During Spring Semester registration each student had the opportunity to decide whether or not he/she personally wanted to be assessed five dollars. The Chancellor extended this option to students in all schools in the university. Students who wished to be assessed were then charged and this special fee appeared on their

regular bill from the university. The SHC netted $10,966.60 from the Referendum to be divided among the three projects.

Our success can not only be measured by the number of dollars we received, but also by the tremendous backing and moral support given us by our peers. The Vanderbilt Board of Trust has agreed to allow us to collect money in this manner on an experimental basis for three years. Students will have the option to contribute each year.

This source fo funding is small in relation to the combined total budgets of all three projects. However, the significance of the success of the Referendum is two-fold: First, the student leaders of the SHC recognized a need to become more self-sufficient and less dependent on public and private foundation support. Second, the Vanderbilt students recognized the SHC as a legitimate, successful and worthwhile organization and student service which they chose to support.

VIII. SUMMARY

Perhaps the continually evolutionary character of the project is one of its greatest strengths. Regardless, it is a strength that is inherent in the nature of the project

which relies on constant student participation and leadership. The quality of criticism and alteration flows from the built-in limitation of participant changeover. Approximately every two years there is a completely new leadership group directing the project. This leadership group has emerged out of the participants of the preceding year and therefore is well-versed in the goals and shortcomings of the project. It is a rare year in which the new leadership group does not attempt to improve the project activities.

During the first three years of the project, it attempted to develop its broad concern for the improvement of "health" while concentrating on the creation of a competent medical unit. Changes in the medical aspect included the participation of TVA, school year training in physical diagnosis, the use of problem-oriented charts and two-trip format to a limited number of communities. All of the changes that have been incorporated into the project have been made without alteration for the last three years.

On the other hand, the activities of the community worker and special project personnel have been constantly

reformulated in order to develop the most acceptable approach to follow-up and serving as a resource for community concerns. Generally, these changes have been hampered in the past by the lack of adequate resource support in the East Tennessee and Southwest Virginia area. However, the last two years have witnessed the creation of such resource support in the formation of ETRC and the developing clinics which has made it easier for the project to realize its goals. Closer ties have been made with community groups and careful thought has been given to the process of follow-up, the need for rights and benefits counselling, and an adequate procedure for uniting the two through increased communication among the medical staff, community workers, law students, and the community.

Thus, every year the project undergoes an introspective examination, scrutinizing its accomplishments, its failures, and its future needs. New leadership, unburdened by the "traditional" way of doing things does its best to improve on the last year's project.

The project, therefore, is not a mere model which can be simply copied. It is a dynamic force which has

developed a spirit and perspective of its own. To simply take the format and structure and plant it elsewhere might not produce the same result, in fact - it could be harmful. The key to the project's success is not its form but rather its substance - the spirit of its undertaking. This spirit is a combination of interdisciplinary cooperation and respect for community autonomy. It is these qualities which have been and will continue to be the heart and soul of the project.

IX. COMMENTS

Bob Hartmann, Project Director

My work with the Student Health Coalition during the past year so entirely permeated my life that I find it difficult to be objective and not to be emotional and at times defensive in this summary. I completely agree with the Center for Health Services' philosophy of "health"; that is, not only medical well being, but also economic, environmental, psychological, and political well being, a sort of generalized quality of life. Dr. Christie, Professor Emeritus of Pediatrics at Vanderbilt, has said that <u>everything</u> one does in medicine has social implications, and I feel that the experience of the Student Health Coalition realizes this not only in medicine but

in many other areas.

I took over as director of the Student Health Coalition East Tennessee Project in August of 1972. I was asked to do so by the group of students and physicians who had worked that summer. Realizing the importance of what had gone on and the need for it to continue, I dove in headfirst. At that time (as still is) the job of director was ill-defined. Suddenly in the eyes of some mountain people I was an "authority" on health clinics, day care centers, medical advice, and so forth; at the university I became one of the students who had to learn to "conform" to the university policies; I had to learn the ins and outs of working with the Public Health Department, etc. Not having much direction from my previous counterparts made a great deal of the initial work difficult.

My tasks during the fall consisted mainly of community follow-up from the summer, keeping lines of communication open with the Tennessee Valley Authority (TVA) and the Public Health Department (PHD), showing folks around the mountains, planning courses and other events at Vanderbilt, and meeting with prospective workers for the coming summer.

In the winter and spring, this shifted to intensified grant writing, visiting many mountain communities, and planning the day to day needs of the Health Fair. I would like to comment on a few of these points.

One of the most important aspects of what the SHC does is the relationship that is established between the community people and the students. The mountain way of life is very different from my background, but there is a certain quality, a sense of closeness to immediate needs, that I find is enjoyable to be associated with. When these Health Councils define a problem and decide on a direction, <u>now</u> is the time to do it, not after months of studying and/or procrastination. By necessity we (the community Health Councils and the SHC) always have to feel our way and work our problems out as we go, a sort of flying by the seat of our pants; and most importantly the community needs to have control over local planning.

A task that was enjoyable and allowed for a moderate amount of pride was showing visitors around the mountains and having them meet community people, see what they have done over the last few years, and hopefully share ideas with them. During the year folks such as Chancellor Heard,

Provost Hobbs, and Dr. Grant Liddle from Vanderbilt, Sir George Pickering from Oxford, people from several foundations, and numerous students visited the area. Our motives were usually clear as we were seeking advice, funding, workers, or support in some manner. The response from students has far outweighed that of all others.

Second only to community work as a valuable experience was obtaining funds. Grant writing, although a rather tedious job, was good as it necessitated our putting on paper what we knew in our heads. Students who have no previous experience write our grant requests; the finished products are rather refreshing. One also realizes that it is a fairly do or die situation as to funding. I had the opportunity to visit New York twice, Washington once, and Atlanta once to meet with foundation representatives. I feel that I have a headstart in the direction of eventually raising funds for the type of work that I will be doing in the future.

This work during the year requires an amazing amount of time. I was not able to devote enough to both the SHC and second year medical school. I also am not good at delegating authority. Too often I feel that if students

are really interested in doing something or helping that they should take the initiative. The directorship drastically needs to be split among several students with as many former workers as possible trying to pass on their experience to some of the new folks.

Health Fairs

The procurement of the supplies for the Health Fairs were handled mainly by TVA, Todd Wilkinson, and myself. Of course, TVA again did an amazingly thorough job. Todd contacted every major pharmaceutical company in the country and received donations of over $20,000 worth of medications. These included all that were necessary and then some, however the clinics were able to use a large part of the excess. In the future we need to get together with the SHC West Tennessee Project and submit specific requests in order to avoid a plethora of unused medications, e.g., laxatives. The remainder of the supplies were in excellent order with only a few exceptions, a notable one being charts.

The Tennessee Public Health Department provided the SHC with immunization material, medicine for treatment of certain types of intestinal parasites, and their labs performed various tests on blood and stool specimens. The

laboratory aspect went very well as we got prompt return of results which is not easy considering the mailing distances, etc. Communications with the PHD broke down tremendously over the immunizations and medications. The point at which we were to communicate with the PHD chain of command was never well defined; the regional level said to work with the state level, the state level said to work with the local level, and the local level referred us back to the state level. We ended up getting some of our supplies from Nashville, some from the local departments and some not at all. This , combined with the fact that we saw a few hundred people more than anticipated, meant that we were continually running out of immunizations and medications for parasites. A number of times we ended up purchasing these with our funds in order to meet demands. The entire question of supplies from the PHD needs to be reviewed in order to avoid mixups in the future. Exceptions to the rule were the Scott County Health Department and the local public health nurse at St. Charles who were very helpful throughout the summer.

Work with the Tennessee Valley Authority Medical Division was excellent as usual. Without their technical assistance in the form of chest x-rays, EKG's, blood work, and

technicians we would be powerless to do what we do. Their work is spearheaded by Jim Pulliam, Dr. Ed Lusk, and Dr. James Craig. Mr. Pulliam is in charge of the TVA Mobile Van and stayed with the Health Fairs for five weeks. Dr. Lusk and Dr. Craig visited often. We feel that TVA has made a definite committment to the people of this area and to the SHC. The publicity is good for them especially at a time when they are being criticized for other policies, i.e., strip mining, price hikes, etc., however their work appears to go beyond this motive to one that is dedicated to the medical efforts of these communities. The technical quality of their work is excellent. The head of Radiology at Vanderbilt commented that the x-rays from the TVA van were of a better quality than he could get at Vanderbilt. The bloodwork, SMA 7's and 12's, were the mainstay of our lab work. We all hope that TVA will continue to support our projects with the positive force that they have in the past.

Orientation was held for three days at Norris Dam State Park just before the first Health Fair. We felt that this should be a time for the workers to get together and meet each other in an environment other than school.

After all, these were the people that would be working with each other for the next eleven weeks. Also we wanted some community people and some agency people to tell us about what they were attempting to do. Personally I thought that this was a good time to relax following the hectic months of preparation. On the other hand, a number of workers seemed rather anxious to get started with the Health Fairs, and they felt that this period was not productive. By far the best part of orientation was visiting Byrd Duncan and hiking back into the mountains to watch some men from Briceville cut down a bee tree and gather honey.

The actual day to day operations of the Health Fairs went very well. I felt that the examiners, with one or two exceptions, did excellent jobs at screening physicals. An important aspect of the Health Fair is that we can spend a good deal of time talking with the patients and answering their questions. I think that this was done almost without fail even in locations such as Norma and St. Charles, where we were extremely busy.

The physician supervision was certainly less than optimal. This is a difficult part to organize because most

physicians were rather non-commital, and those that did offer certain periods of time, <u>often</u> failed to come through with this. Ideally we should have the same physician or physicians with us all the time with clinical specialists coming up for variable periods. This was not possible during the pediatric examinations, and at least three pediatricians failed to appear at their promised times. This left us scurrying around at the last moment, and needless to say this was not always satisfactory. Thanks is due to Dr. Bill Dow for filling in several of the vacancies. From July 1st on we had one physician with us full time with several others filling in also. This resulted in better medical supervision. More emphasis should be placed on teaching the examiners and on the physicians explaining problems to the patients. Overall I feel that the physicians should have had a little more concern about the people and their community affairs and not just the medical aspects of the Health Fairs.

The amount of paperwork involved is horrendous but must be done if we are to have complete charts. First of all, our charts must be revised, made simpler, and changed to a modified problem oriented record system. This is in progress at this time and should be completed by next

summer. Prior to the summer more time needs to be spent going over charts, so that the examiners will use a uniform method of writing them. Because lab tests (blood, EKG, X-ray, Pap smears) are done or read at five different places, the task of filing and refiling will always be with us. The responsibility should be assigned to one person, but everyone, examiners included, should help with this job. Finally people need to remember that one of the most important purposes of the charts is to transfer information for use during follow-up and that not all follow-up will be done by persons of their own level of medical training. This needs to be continually emphasized.

Follow-up itself also needs to be continually stressed for this completes part of the purpose of the medical exams. What good will it do if we come up with problems but can't do anything about it? I think that the pediatric examiners did an outstanding job of follow-up. The tedious letters are necessary (try bulk mailing next year to save money), but most importantly personal contact via home visits has gotten and will continue to get more lasting results. By the nature of the many aspects of followup, it is somewhat hard to define. In the future we need to outline what results mean, standard procedures to be used for certain

problems, e.g., hypertension, diabetes, etc. The medical students need to take a more active role in follow-up. Prior to the summer we need to try to establish more lines of communication with Knoxville, Oak Ridge, and other medical centers.

By far the most important aspect of the SHC work is with the communities. As students we are transient; the community will always be there. If something permanent is to exist, the local people must be the deciding factor. We go to the communities to which we are asked; we live with the people there; a number of young folks from the community work with us in the Health Fairs; one or two live in the communities for the entire summer. This and many other contacts enable us to establish good working relationships with these people.

This past summer two of the towns, Petros and Stoney Fork, had been the site of Health Fairs in the past and local health councils had been established. The Health Councils had arranged most of the plans, and one student lived in these places to help the community implement them. The two new locations, Norma and St. Charles, were different. Here contact had been made during the winter and I went to

these communities several times to talk with people about the concept of Health Fairs. By the time the summer rolled around not a great deal of groundwork had been laid. This made the tasks of the community workers very difficult, and overall I think that they did a tremendous job of dispersing information and enthusiasm about the Health Fairs. In these two places we saw over 1,700 people and by the end of the summer local groups were forming that were interested in long term health problems. I feel that the medical people do not fully understand or appreciate the role of the community worker. More communication is needed among these groups.

A group that I feel ill-prepared to comment on are the law student projects. These people worked mainly with John Williams, Irwin Venick, Heleny Cook, and Jane Sampson; and while I basically know the content of their work, I cannot comment on the quality of it except that from my perspective it appeared to be very good and rather professional work. I do feel that the special projects' students should not live in one central place but that they should live in as many communities as possible. The requests for their studies come from these communities

and the students need to get the feel of living and working with them. Having local college students work with the law students was a very good idea and needs to be pursued even more in the future. At one or two prearranged points during the summer all of the SHC workers should come together and spend a weekend sharing what they have done. Again the main point of this is to increase communication.

Overall I feel that the work of the SHC should go on as long as there are students willing to assume roles of leadership and communities willing to work with us. We need to continually be aware of the "little people" in the communities, the ones who really live back in the hollows and could use and participate in what we are doing. We also need to be aware that we are making a committment that goes beyond the summer.

During the last two years I have learned much or become smarter or more knowleadgeable or whatever you want to call it. For this I would like to thank all of the people of the mountains.

Adult Statistics

Student Health Coalition - Appalachian Project 1973

The following figures were compiled from the history and physical examination forms completed at the Health Fairs during the summer of 1973. All values are expressed as percentages of adults seen at the individual Health Fairs. "No answer" indicates the percentage of adults for whom no data was indicated on the form.

	Stony Fork	St. Charles	Norma	Petros
Total number of adults seen	62	538	509	433
Males seen	27	215	187	130
Females seen	35	323	320	301
Year of last visit to an MD -				
Before 1963	0%	.37%	1%	.46%
1963 - 1970	2%	3%	5%	5%
1971 - 1973	40%	29 %	50%	48%
Present at previous Fair	2%	0%	0%	26%
--Women Only--				
Number of women with at least one of the following pregnancy problems: Infection, Bleeding, Edema, or High Blood Pressure.	3%	7%	8%	10%
Women with at least one of the following birth problems: C-Section, Breech,or Long Labor	3%	4%	4%	4%
Women who used each type of birth control				
None	77%	88%	76%	79%
Hysterectomy	3%	6%	11%	7%
IUD	11%	2%	1%	3%
Pill	3%	3%	8%	8%
Other	6%	1%	5%	4%
Women whose children had birth defects	3%	1%	1%	1%
Women who gave birth out-side hospital	6%	15%	12%	17%
Women whose child died before 2 years	3%	10%	8%	9%
Women with pap smear	6%	2[illegible]	7%	8%
--Men and Women--				
Response to TB skin test				
Negative within past year	8%	8%	12%	14%
Presently negative	68%	47%	43%	50%
Presently positive	3%	3%	5%	3%
Past positive	8%	8%	8%	15%
No answer	10%	9%	25%	17%

PEDIATRIC STATISTICS
STUDENT HEALTH COALITION - APPALACHIAN PROJECT 1973

The following figures were compiled from the history and physical examination forms completed at the Health Fairs during the summer of 1973. All values are expressed as percentages of children seen at the individual Health Fairs. "No answer" indicates the percentage of children for whom no data was indicated on the form.

	Stony Fork	St. Charles	Norma	Petros
Total number of children seen at Health Fair.	49	261	302	310
Children born on time.	78%	66%	78%	70%
Not born on time.	8%	11%	9%	10%
No answer.	14%	23%	13%	20%
Births which the mother had had problems with the pregnancy.	20%	25%	20%	31%
Births with no problems during the pregnancy.	67%	48%	68%	43%
No answer.	32%	27%	12%	26%
Pregnancies that received prenatal care during the 1st month.	6%	3%	4%	2%
2nd month.	2%	13%	22%	14%
3rd month.	11%	9%	7%	16%
4th month.	4%	3%	1%	4%
5th month.	2%	1%	0%	1%
6th month.	4%	0%	2%	3%
7th month.	2%	1%	.5%	.3%
8th month.	0%	1%	.5%	0%
9th month.	0%	1%	2%	.7%
No pre-natal care.	2%	1%	0%	0%
No answer.	67%	67%	61%	59%
Children born in a hospital.	84%	64%	88%	85%
Not born in a hospital.	4%	20$	6%	1%
No answer.	12%	16%	6%	14%
Children with positive history for worms.	35%	30%	38%	40%
Negative history for worms.	53%	34$	60%	33%
No answer.	12%	36%	2%	27%
Children with positive history for Whooping Cough.	5%	10%	5%	2%
Negative history for Whooping Cough.	85%	44%	92%	64%
No answer.	10%	46%	3%	34%
Children with positive family history for Tuberculosis.	23%	24%	14%	25%
Negative family history for TB.	67%	35%	82%	49%
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Children seen at previous Health Fair.	35%			31%
Not seen at previous Health Fair.	59%			58%
No answer.	6%			11%

	Stony Fork	St. Charles	Norma	Petros
DPT Immunizations:				
Children up to date on DPT immunization schedule.	84%	62%	78%	77%
Children started on schedule at Health Fair.	6%	9%	8%	4%
Children receiving booster at Health Fair.	2%	7%	4%	5%
Children needing to be immunized, but not done at Health Fair.	0%	10%	3%	3%
No answer.	8%	12%	5%	11%
Tetanus Immunizations:				
Up to date.	49%	50%	75%	60%
Started at Health Fair.	2%	8%	9%	2%
Booster at Health Fair.	0%	5%	3%	2%
Not done.	0%	9%	4%	4%
No answer.	49%	28%	9%	32%
Polio Immunizations:				
Up to date.	80%	65%	79%	84%
Started at Health Fair.	8%	6%	7%	4%
Booster at Health Fair.	2%	7%	6%	4%
Not done.	0%	13%	3%	4%
No answer.	10%	9%	5%	4%
Rubeola Vaccine:				
Up to date.	72%	64%	84%	84%
Started at Health Fair.	12%	12%	4%	2%
Booster at Health Fair.	0%	1%	1%	1%
Not done.	0%	15%	4%	4%
No answer.	16%	8%	7%	9%
Rubella Vaccine:				
Up to date.	67%	63%	83%	79.7%
Started at Health Fair.	15%	12%	5%	4%
Booster at Health Fair.	0%	1%	1%	.3%
Not done.	0%	15%	4%	6%
No answer.	18%	9%	7%	10%
Tuberculosis Skin Test:				
Children with negative skin test in the past year.	22%	27%	34%	22%
Children with negative skin test at the Health Fair.	68%	42%	46%	58%
Children with positive skin test at the Health Fair.	0%	0%	.3%	.6%
Children with positive skin test in the past.	0%	4%	1%	2%
No skin test done at Health Fair.	0%	17%	10.7%	6.4%
No answer.	10%	10%	8%	11%
Follow-up:				
Children followed by the Student Health Coalition.	24%	25%	6%	16%
Local medical doctor.	2%	9%	4%	6%
Local Public Health Department	2%	5%	12%	3%

DIAGNOSES

The adults examined at the Health Fairs in 1973 were reported to have the following conditions. The Diagnoses include both those reported in the histories and those discovered at the Health Fairs.

	Stony Fork	St. Charles	Norma	Petros
1. TB	0.0%	0.0%	0.4%	0.5%
2. Venereal disease	0.0%	1.1%	0.4%	0.5%
3. Parasitic	0.0%	0.6%	0.0%	0.2%
4. Skin infection	0.0%	0.0%	0.2%	0.0%
5. Respiratory (URI)	3.2%	0.9%	1.4%	1.4%
6. Other	0.0%	0.2%	0.2%	0.2%
7. Benign	4.8%	0.9%	1.0%	1.4%
8. Malignant	1.6%	1.1%	1.2%	1.2%
9. Diabetes	0.0%	0.2%	0.6%	0.5%
10. Obesity	0.0%	1.5%	3.5%	3.2%
11. Other	6.5%	3.7%	4.5%	8.8%
12. Anemia	1.6%	2.8%	2.4%	2.3%
13. Sickle cell	0.0%	0.9%	0.6%	0.9%
14. Other	0.0%	0.0%	0.0%	0.0%
15. Mental disorders	1.6%	[illegible].7%	1.0%	0.7%
16. Cerebral Vascular Disease	0.0%	1.1%	0.4%	0.9%
17. Epilepsy	0.0%	0.0%	0.2%	0.2%
18. Impaired vision or hearing	0.0%	0.2%	0.4%	0.7%
19. Other	4.8%	5.0%	2.6%	3.2%
20. Hypertension	0.0%	0.7%	1.2%	1.4%
21. Ischemic heart disease ASCVD,abnl rhythm/rate	21.0%	11.2%	14.5%	13.2%
22. Other	6.5%	7.1%	5.7%	5.5%
23. COPD;Black Lung	8.1%	4.5%	3.1%	5.1%
24. Other	9.7%	9.7%	2.0%	2.3%
25. Dental	8.1%	2.2%	3.5%	3.0%
26. Pepric ulcer	4.8%	1.1%	2.0%	1.4%
27. Hernia	0.0%	3.2%	1.2%	1.2%
28. Other	0.0%	0.9%	1.6%	0.9%
29. Acute infection	11.3%	4.3%	5.7%	5.1%
30. Chronic infection	1.6%	1.5%	1.0%	0.5%
31. Prostate	1.6%	0.7%	0.8%	1.8%
32. Diseases of female genitalia	6.5%	2.6%	2.6%	2.1%
33. Arthritic	4.8%	4.5%	4.1%	7.2%
34. Other	3.2%	5.2%	2.6%	4.6%
35. Congenital anomalies	3.2%	3.0%	2.9%	3.2%
36. Mental retardation	1.6%	0.0%	0.0%	0.0%
37. Ill defined conditions such as hyperventilation, headaches,senility,etc	0.0%	0.0%	0.2%	0.0%
38. Trauma	17.7%	5.2%	4.3%	6.0%
39. Pregnancy	0.0%	0.2%	0.0%	0.0%
40. Normal	30.6%	56.9%	54.8%	51.0%

	Stony Fork	St. Charles	Norma	Petros
Tetanus Immunization				
Up to date	71%	28%	20%	38%
Started at H.F.	10%	29%	46%	23%
Booster	6%	6%	10%	11%
Never done	3%	29%	11%	8%
No answer	10%	8%	14%	20%
X-Ray test				
Normal	60%	49%	60%	56%
Abnormal	18%	29%	10%	16%
No answer	23%	22%	30%	28%
EKG test				
Normal	40%	51%	54%	44%
Abnormal	18%	25%	18%	18%
No answer	42%	25%	28%	38%
Follow-up:				
Adults followed by the Student Health Coalition	48%	11%	14%	18%
Local Medical Doctor	29%	14%	16%	19%
Local Public Health Department	3%	2%	2%	4%
No exam	15%	37%	19%	25%
No answer	5%	36%	49%	35%

DIAGNOSES

Children (ages 0-16 years) examined at the Health Fairs in 1973 were reported to have the following conditions. The Diagnoses include both those reported in the histories and those descovered at the Health Fairs.

	Stony Fork	St. Charles	Norma	Petros
Tuberculosis	0%	0%	0%	.3%
Parasites	0%	5%	2%	3.5%
Skin infection	0%	2%	2%	2%
Respiratory infection	2%	1%	0%	3%
Other infection	2%	1%	1%	3.5%
Benign Neoplasm	2%	0%	2%	0%
Malignant Neoplasm	0%	0%	1%	.3%
Obesity	2%	2%	3%	4.5%
Anemia	2%	5%	3%	3%
Mental disorders	0%	.4%	.3%	2%
Epilepsy	0%	.4%	0%	0%
Impaired vision or hearing	2%	4%	7%	4.5%
Other nervous system disorder	0%	1%	1%	.3%
Hypertension	0%	0%	0%	.3%
Heart disorder	0%	.4%	7%	1%
Other circulatory disorder	2%	1%	2%	3%
Respiratory disorder	4%	2%	0%	1%
Dental caries	2%	17%	30%	19%
Hernia	0%	2%	0%	.3%
Other gastro-intestinal disorders	4%	1%	.3%	2%
Acute genito-urinary infection	0%	.4%	.3%	0%
Musculoskeletal disorder	0%	.4%	.3%	2%
Congenital anomalies	0%	.4%	0%	1%
Mental retardation	0%	0%	2%	1%
Ill defined conditions such as hyperventilation, headaches, ect.	2%	2%	.3%	3%
Trauma	0%	.4%	0%	0%
Venereal disease	0%	0%	0%	.3%
Normal	53%	51%	37%	39%

We would like to thank the following foundations for their support to the Student Health Coalition in 1973. Their help was essential to all of our efforts:

Field Foundation

Jessie Smith Noyes Foundation

New World Foundation

Abelard Foundation (Joint Foundation Support)

Center for Health Services

CENTER FOR HEALTH SERVICES

The Center for Health Services combines the resources of a university with the efforts of community citizens in working toward the development of systems of health care delivery. This effort is aimed primarily at areas where there is inadequate access to health care services. For the Center's purposes, 'health' is understood to mean not only freedom from disease, but also the general well-being of an individual -- social, political, economic, environmental, educational, and psychological.

The Center was established in 1971 in response to the need for ongoing activities to continue projects initiated during the summer Health Fairs of the Student Health Coalition. It is affiliated with Vanderbilt University and financed by private foundations. Since the impetus for its formation came from student involvement in outside communities, the students and community citizens participate in decision-making at the Center on a level parallel to that of faculty members. This three-pronged representation at the administrative level is considered crucial for the Center's success as a link between university resources and "grass-roots" health care organizations in outlying communities.

The Center's purpose is not to administer ongoing systems of health care, but to foster their development and continuance in underserved areas, through local community leadership. Toward this end, the Center sponsors research, education, and service activities.

Examples of activities sponsored by the Center in the area of research are: a legislative report on prenatal care in Tennessee, a study on the feasibility of utilizing nurses as Public Health officers, and a study of land ownership and taxation in Clearfork Valley. Educational activities include sponsoring a course in Pediatric Examination, a conference on Nurse Practitioners, a seminar on Health Care Delivery, a course in Public Interest Research Techniques, and a course in Life and Culture of the Rural South. All of these activities serve to reinforce the community service projects, which include partial support of the Rural Student Health Coalitions (East Tennessee and West Tennessee projects) and the Urban Student Health Coalition, partial support of Rap House Community Clinic in Nashville, and aid in recruitment of personnel for staffing rural community-run clinics.

STUDENT HEALTH COALITION

With the improvement of health as its goal, the Student Health Coalition since its creation in 1968 has responded to invitations from 25 communities in Tennessee, Kentucky, and Virginia. The Coalition's response to these invitations has been twofold. First, it has put on a Health Fair in each community to which it has been invited. Second, it has funded students to work on other problems affecting the health of the community.

The Health Fair provides a focal point from which the community can recognize the seriousness of its health care needs. The Fair is a roving medical clinic staffed by community people, nursing and medical students, and supervisory physicians. The staff live in the homes of local people during the two weeks the Health Fair is in a certain community. All who visit the Health Fair receive a free complete physical examination, immunizations, chest x-ray, blood analysis, and electrocardiogram. Minor illnesses can be treated during the Fair. Health Fair personnel work with existing agencies to ensure that people with major illnesses receive proper medical attention. For some, a visit to the Health Fair means a clean bill of health and a little bit of education in preventive care. For others, the examination and tests may uncover a serious medical problem. For all, the Health Fair offers an experience in comprehensive personalized medical care.

The Student Health Coalition hopes that the Health Fair will spark interest in the community towards the resolution of its health care problems. Two students live in each community to which we are invited and work with the community in this endeavor. After the summer is over, the Student Health Coalition remains in contact with each community it has visited, watching as each community designs what it thinks to be the best way to provide its residents with adequate and accessible health care.

During the course of a Health Fair, people in the community may recognize other problems which, though not medical, will affect their health. Some people may not be able to purchase medical care because they are having trouble getting their Medicaid or Medicare cards. There may be some question about of local streams and well water. To meet these health needs, the Student Health Coalition also supports special projects in which students work to respond to these problems in the appropriate way. Together, the Health Fair and the special projects attempt to respond to the health needs of the community.

Since its beginning, the Student Health Coalition has been directed by students, with students planning and carrying out its programs. The SHC can look back on the following accomplishments:

--33 Health Fairs in 25 communities in Tennessee, Kentucky, and Virginia have provided free physical examinations to 21,000 people.

--15 of the 25 communities have started their own Health Councils. Ten of the Health Councils are presently operating health clinics with three more health clinics nearing completion.

--The creation and maintenance of a long-term student run project that has offered a different kind of educational experience to more than 250 students.

--Assistance and support to local community groups, such as Save Our Cumberland Mountains, that are directing their energies towards the resolution of local problems.

--Strong influence on the career plans of many of its participants. Fifteen Vanderbilt graduates have returned to offer their skills to communities in which they had worked with the Student Health Coalition.

--The addition of three courses to the University curriculum that are related to the needs and objectives of the Student Health Coalition: Pediatric Physical Diagnosis, Health Care Delivery Seminar, Urban Health Problems.

--Transference of skills, such as grant writing, to local community groups that are necessary for the preservation of their autonomy and independence from public agencies.

--Establishment of a liaison between community health needs and University resources.

--Contributed to the creation of the Center for Health Services, a group of community people, students, and faculty, who are working together to identify problems and develop solutions in the area of health care delivery.

HEALTH(helth)n. Freedom from disease; physical and mental well-being encompassing social, political, economic, environmental and education factors.